DOCUMENT RESUME

ED 368 468 PS 022 166

AUTHOR	Rice, C.; And Others
TITLE	Young Children: Priority One. A Project Kit for Kiwanis Clubs--Addressing the Needs of Children, Prenatal through Age Five.
INSTITUTION	Kiwanis International, Indianapolis, IN.
PUB DATE	[93]
NOTE	197p.
PUB TYPE	Guides - Non-Classroom Use (055)
EDRS PRICE	MF01/PC08 Plus Postage.
DESCRIPTORS	Alcohol Abuse; Beginning Reading; Child Abuse; *Child Development; *Child Health; *Community Services; Lead Poisoning; *Parent Education; Pregnancy; *Prenatal Care; Preschool Education; Program Guides; Program Implementation; Smoking
IDENTIFIERS	*Child Safety; Kiwanis Clubs; *Maternal Health; Project Head Start; Reading Is Fundamental

ABSTRACT

This Kiwanis Club project kit contains ideas and instructions for implementing programs that meet local needs in the areas of maternal and infant health, child care and development, parenting, and safety and pediatric trauma. The kit begins with an overview that explains how to assess need and how to plan, implement, and evaluate a project. Tip sheets on fund raising, project evaluation, and cooperation with other organizations are included, as well as needs assessment survey forms. A project idea list outlines over 40 possible projects in the 4 need areas for clubs to consider. Service bulletins offering detailed instructions for implementing specific service projects are: (1) "Reading Is Fundamental"; (2) "Head Start"; (3) "Scald Burns"; (4) "Smoking Awareness: A Campaign for Pregnant Women"; (5) "Parenting Fair"; (6) "The Children's Miracle Network Telethon"; (7) "Smoke Detector Safety"; (8) "Pediatric Trauma"; (9) "Home Safety Checklist"; (10) "Awareness and Prevention of Child Abuse"; (11) "Shaken Baby Syndrome"; (12) "Parents Anonymous"; (13) "Parenting Education"; (14) "Immunizations"; (15) "Alcohol Awareness for Pregnant Women"; (16) "Preventing Lead Poisoning"; and (17) "Home Visitation Programs." The bulletins contain background information, planning and implementation advice, and additional resources, and may also include sample forms, letters, and press releases. (TJQ)

****
*   Reproductions supplied by EDRS are the best that can be made   *
*   from the original document.   *
****

ED 368 468

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☒ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy

Young Children PRIORITY ONE

A project kit
for
Kiwanis clubs

Addressing the needs
of children,
prenatal
through age five

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

A. G. Terry
Shaffer

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

PS 022166

BEST COPY AVAILABLE

Overview for the Club Chairman

Research studies indicate a clear need to place greater emphasis on preventing problems among at-risk children from prenatal care to age five. —Committee for Economic Development

Medical evidence suggests that children are remarkably resilient: with the appropriate remedial help they will bounce back from early traumas and deprivations . . . the longer ameliorative efforts are postponed, the more difficult, extensive, and costly they become. —Committee for Economic Development

Kiwanis has a challenge before it.

Young children, prenatal through age five, need our help, and we're looking for the most effective, comprehensive ways to help them.

In the first few years, children are rapidly developing . . . physically . . . mentally . . . emotionally . . . socially. They are vulnerable: Anything that blocks their development has a long-term impact on them and on our society. We pay a price in higher taxes and in a reduction of our humanity.

Various experts say that 10 to 20 percent of young children are being developmentally blocked. Some will grow up to be less capable than they could have been. Some will grow up with handicaps that could have been avoided. Some will never have a chance to grow up at all.

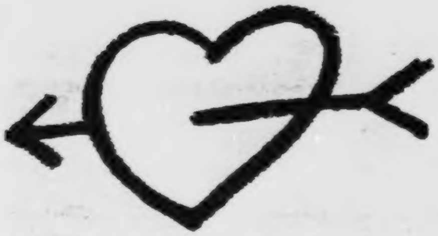
That is why Kiwanis International has developed the *Young Children: Priority One* program—and done so in consultation with authorities in the fields of child development, social services, nutrition, health, education, safety, and pediatric trauma. The leading organizations in helping young children have joined the Priority One Advisory Council, to work with Kiwanis on this program through national offices and through local affiliates.

The problems facing our youngest citizens require a meaningful and long-term commitment by the members of Kiwanis. So, many of the activities promoted for *Young Children: Priority One* are more ambitious, continuing projects that will require a Kiwanis club to work in partnership with nearby Kiwanis clubs and other organizations. These projects can have a tremendous long-term impact on crime, drug abuse, school dropouts, adolescent pregnancy, and other deeply rooted societal problems—if Kiwanis clubs, and their members, become organized advocates for the young child!

In order for *Young Children: Priority One* to have this impact, every Kiwanis club is urged to participate:

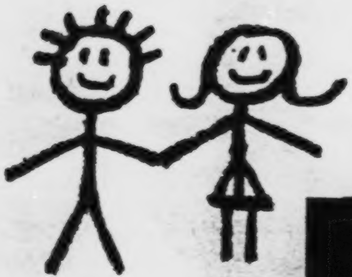
- By conducting a needs survey in its community.
- By developing at least one project that addresses a need of young children in the community.
- By working closely with other organizations that help young children.
- By learning about Iodine Deficiency Disorders (IDD) and how Kiwanis can eliminate this worldwide problem.
- By making young children the club's number one service priority.

On present trends, more than 100 million children will die from illness and malnutrition in the 1990s.—UNICEF



Almost two thirds of the 14 million child deaths each year are accounted for by just four specific causes—diarrhea, respiratory infections, measles, and neonatal tetanus. The great majority of these deaths could be prevented at very low cost.—UNICEF

The best way to lower the incidence of low birthweight is to ensure that women receive adequate prenatal care.... About 80% of the women at high risk of having a low birthweight baby can be identified in the first pranatal visit and interventions to reduce the risks can be implemented.—National Commission to Prevent Infant Mortality



The immunization level among young children is about 60%, leaving hundreds of children not vaccinated. In some inner cities and rural areas, the rate is about 50%.—U.S. Department of Health and Human Services

BEST COPY AVAILABLE

PROGRAM DESCRIPTION

Young Children: Priority One addresses the needs of children, prenatal through age five. Each club is urged to survey its community to identify the greatest local needs of young children. There are four areas of possible need that clubs should investigate:

1. Maternal and Infant Health—Pregnant women need to see a doctor regularly, eat nutritious meals, and exercise to have healthy babies. Just as important, they need to avoid drugs, alcohol, and tobacco. As simple as this may seem, many women don't know that their habits can harm their babies, and others cannot afford the health care they need. Babies also need proper nutrition and health care, but some mothers can't afford or don't know how to provide these.

2. Child Care and Development—Parents need to know that, while they are at work, their children are in clean, safe environments, nurtured by qualified care givers. However, many parents have a difficult time finding any affordable child care, so they make unfortunate compromises on quality. Young children learn through their play if they are provided with an appropriate environment and adult guidance. Children cannot learn if they don't have an opportunity to explore, if there aren't toys and books that develop skills, or if parents and care givers fail to interact with them.

3. Parenting—As a parent once observed: A child doesn't come with an instruction manual. All parents need information and support. Some face more stress or lack background that would help them develop parenting skills, and they may need special assistance from someone trained to listen. All parents need help—role models, someone to learn from, or perhaps a chance to get away from the pressures of parenting for a few hours.

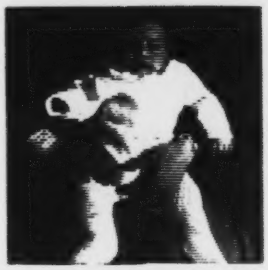
4. Safety and Pediatric Trauma—Falls, burns, poisonings, and other common accidents injure or kill millions of children each year. Yet, with proper precautions, most accidents can be prevented. It simply requires education and installation of safety devices. A child who *is* severely injured can't be treated in the same manner as an injured adult. The child's body responds to the injury differently, different procedures are required, and he or she needs medical equipment that fits a small body. Many medical professionals know these problems exist, but they need additional training, equipment, and a referral network to properly treat severely injured children.

RESPONSIBILITIES

The responsibilities for *Young Children: Priority One* are different from those of other programs. Lieutenant governors and district chairmen will help develop larger projects and monitor club projects.

For *Young Children: Priority One* to be successful, each club's *Young Children* chairman and president need to:

- Attend any special training session or division council meeting at which the *Young Children* program is presented.
- Develop and implement at least one project that addresses an important local need of children, prenatal through age five.
- Support the division project on needs of young children.
- Educate the club about Iodine Deficiency Disorders (IDD).
- Report activity to the club secretary and the lieutenant governor (or division chairman for *Young Children*).
- Using scantron forms included with this kit, report activity for *Young Children* to the International Office. The initial report is due by October 1 (the beginning of the administrative year). Quarterly reports should be sent by the tenth of January, April, July, and October.



For each of the past five years there were over 1,200 child abuse related fatalities; in 1991, more than four children a day died from maltreatment.—National Committee for the Prevention of Child Abuse

Low birthweight babies are 40 times more likely to die in the first month of life than babies who weigh more. . . . Low birthweight infants are twice as likely to suffer one or more handicaps, such as mental retardation, deafness, blindness, physical limitations, learning disabilities, delayed speech, autism, cerebral palsy, epilepsy, or chronic lung problems.—National Commission to Prevent Infant Mortality

BEST COPY AVAILABLE

THE JOB OF THE CLUB CHAIRMAN

The First Month: Preparation

In order to accomplish those five tasks, the club *Young Children* chairman needs to assume responsibility quickly. Though this will not always be possible, the chairman should start working in August. In the first month, he or she should concentrate on preparation.

Review all of the materials in this kit and carefully read this overview and the project idea list—The club chairman for *Young Children: Priority One* needs to understand the service objectives of this program well enough to explain them to the club, especially to the board of directors and members of the *Young Children* committee. It may be helpful to distribute copies of the fact brochure or this overview to the club's board. This kit will also guide the chairman through the steps of developing a solid service project.

Meet with the outgoing club chairman for *Young Children: Priority One*—Your club probably has implemented projects addressing the needs of young children since the *Young Children: Priority One* program began in 1990. Meet with the outgoing *Young Children* chairman to learn more about previous action, ongoing projects, and local contacts. Build on the experience of prior *Young Children* committees by continuing or expanding successful programs.

Send in the first report—In the front pocket of this kit is a set of scantron reports. Please read the instructions and complete the initial report *as soon as you start preparing for your year as chairman.* The information you provide (and requests for help) will be compiled and given to your district chairman for *Young Children: Priority One*.

Attend (and ensure that the club president attends) the division meeting on *Young Children: Priority One*—The lieutenant governor (or the division *Young Children* chairman, if one is appointed) will introduce some of the local experts on needs of young children—people who can help clubs put together good projects. This will also be the meeting at which the division makes a commitment to develop a division-wide project for the *Young Children* program and develops a committee to oversee the project. As your club's *Young Children* chairman, you should plan to represent your club on the division committee. Warning: Depending on the area and the lieutenant governor, this meeting may occur later. Don't delay other steps while waiting for this meeting.

Develop a plan for the second month of committee operations—This should include due dates for:

Training the *Young Children* committee.

Assigning responsibilities.

Conducting a survey of community needs.

Choosing a project and securing approval from the club's board.

Contacting local experts—for the survey and to arrange club programs.

Arranging for a speaker on *Young Children: Priority One* early in the administrative year.

Meet with and train members of the club *Young Children* committee—Copy and distribute pages in this kit that will give an overview and pass around the rest of the kit. More important, however, is what is said about the service focus, the expectations placed on committee members, and the likely scope of the project to be implemented. By the end of the training session, each member needs to have a clear responsibility and a due date.

Month Two: Identifying the Need

The most important phase in developing any project is identifying the need to be addressed. The entire committee should be involved in this process, so that as much information as possible is gathered.

Conduct the needs surveys—In the front pocket of this kit are six cards labeled "Needs Survey" that each list questions on a particular area of needs: Health Services, Maternal and Infant Health, Early Childhood Programs, Parenting, and Safety. On one side of each card, there is advice on possible sources of information. On the other side are the questions to be answered. If the club is clearly interested in one or two of these topics, use only those cards. Otherwise, assign a card to each member of the committee and ask for a report in three weeks. Share with the committee members the local contacts introduced by the lieutenant governor of your division and the "Priority One Advisory Council" list in the front pocket of this kit.

Develop relationships—Share with the committee members the local contacts given to you by the previous club chairman and the lieutenant governor. If the club chairman and the lieutenant governor have not provided contacts, request assistance from the district chairman for *Young Children: Priority One*. Urge committee members to treat the experts as more than just sources of information. The club will need to work closely with some of these people once a project is chosen. They need to be friends of the club.

Select a problem—The committee, working by itself or in consultation with some of the local experts, will need to review and discuss the needs surveys, and choose one problem to address. It should be a significant problem in the community, but it must also be one that will galvanize the entire club to action.

Develop a project proposal—Working with experts, the committee should develop a plan to address the chosen need. If a major problem is being addressed, the project may not be a complete solution, but it should have a significant impact. The plan should identify starting and completion dates, costs, volunteers needed, the service hour commitment, all collaborating groups and their likely contributions, and the ultimate benefit to the community.

Secure approval for the project—By the October (or possibly November) meeting of the club's board of directors, the *Young Children* chairman should present the committee's plan and request approval. The presentation should include a summary of the survey process the committee undertook and the facts it learned about the chosen need.

Develop an action plan—Once the project is approved, the chairman should meet with his committee and the club president to develop an action plan: a list of all the steps that must be taken. Next to each step should be the name of the person responsible and the expected completion date. Also, leave space to write in the actual completion date.

Implementation

Once the action plan is established, the chairman's major job is to make sure the committee and club adhere to the planned schedule—and to

Good home visitor programs can cost as little as $2,000 a year. Welfare and service costs for at-risk families who do ***not receive early intervention can be as high as $40,000.—***
National Committee for the Prevention of Child Abuse

solve the problems that arise. The problems can be anything, from dealing with an unanticipated obstacle to motivating (or replacing) someone who is not completing an assignment. In order for such a system to work, the chairman needs to explain clearly to each committee member his or her responsibilities and monitor progress. Three other responsibilities remain with the chairman:

Collaboration—In most cases, the project will be developed and implemented in cooperation with other organizations. This means that the *Young Children* committee must invest time working with the leaders of the other organizations, defining responsibilities, sharing expertise, and developing the rapport necessary for effective communication. The more organizations brought into a project, the more ambitious and more effective it can be—but only if they truly collaborate.

Educating the Club—Club members will support a project with enthusiasm only if they understand the need and feel comfortable with what they are asked to do. This requires education about *Young Children: Priority One*, the specific project chosen by the club, and the specific roles that members can play. It is the chairman's responsibility to make sure this happens in three ways.

First, the *Young Children* chairman should provide the program chairman with the names of four or more possible speakers on the needs of young children. This will ensure that there is a program on *Young Children: Priority One* at least once each quarter.

Second, the *Young Children* chairman should educate the club about the chosen project. A presentation on the project could be one of the four quarterly programs on *Young Children*, certainly an effective way to describe the need and the design of the project. However, the education shouldn't stop there. The chairman should report current progress at least once each month.

Finally, the *Young Children* chairman may want to borrow a videotape on *Young Children: Priority One* or some of the needs addressed in the program. A limited number of tapes are available for lending by district chairmen and the Program Development Department at the International Office. The lieutenant governor has a presentation about *Young Children: Priority One* on the same video cassette as the goals presentation.

Reporting—The *Young Children* chairman must officially report on progress in two ways. By the fifth day of each month, provide the president and secretary with a copy of the action plan that shows which steps have been completed. On the plan, also indicate the number of service hours (all time put into the project by club members) and the funds expended on the project during the month. The secretary will put this in the Official Monthly Report.

The second report system occurs quarterly. In the front pocket of this kit, there are five report forms, designed to be read by an electronic scanner. The initial report should be sent to the International Office by October 1 (the beginning of the administrative year). At the end of each quarter of the Kiwanis year, the chairman should complete a quarterly report and mail it to the International Office. These reports must be mailed to the Program Development Department by the tenth day of January, April, July, and October.

Evaluation

To truly measure the success of a project, the final step must be an evaluation. The evaluation can be as simple as going back to the respondents of the needs survey and asking about the impact of the club's project. The people who benefited from the project also can be surveyed.

To better understand the impact of the project, the *Young Children* committee could develop methods to measure the project. The most basic approach is to count the number of people benefiting and measure the benefits. However, a better approach is to define the goal of the project in quantifiable objectives—that is, results that can be measured. The committee then "measures" the status quo before the project begins and after it ends (or is fully implemented), to see whether the project achieved its objectives.

To learn more about evaluation, refer to the tip sheet on evaluating in the front pocket of this kit.

Many parents of young children are children themselves. In poor families, parents are often so overwhelmed by economic demands they can't focus on their children's broader needs. Few parent education programs are available. **—Children's Defense Fund**

The cost of graduating a sick infant from neonatal intensive care ranges from $20,000 to $100,000 per infant. Overall lifetime health and custodial care for a handicapped child may cost as much as $300,000 to $400,000 per child. The cost of prenatal care, not including labor and delivery has been estimated to be $400 per pregnancy, according to the Institute of Medicine. Preventive care for an infant's first year costs about $600. —National Commission to Prevent Infant Mortality

Preschool programs that target the disadvantaged and stress developmental learning and social growth represent a superior educational investment for society. —Committee for Economic Development

Every month at least 56,000 children are abused. **— Children's Defense Fund**

THE DIVISION PROJECT

The lieutenant governor and the division have a significant role to play in a *Young Children: Priority One* program. The reason for this is simple: many of the needs that clubs should address require large, collaborative efforts to have a significant impact. Over the next few months, many divisions will form committees — composed of representatives of the clubs in the division — that will work with other organizations. In some cases, they may form a coalition to address a major problem, such as infant mortality or the need for child care. In other cases, the group may form a partnership to work on a specific project, with each organization taking on certain responsibilities.

Your club needs to participate in the division committee and the project it develops. The first step will be to join the committee and participate in its meetings—to help it work with other organizations and define its service goal. Later, both funding and service time are likely to be needed, so the club should be kept informed about the committee's activities.

RESOURCES AVAILABLE

The club *Young Children* chairman needs to be well informed about the *Young Children: Priority One* program—comfortable explaining it to the club and answering questions of potential supporters of projects—and able to find real experts when they're needed. This kit makes that possible.

Printed Materials

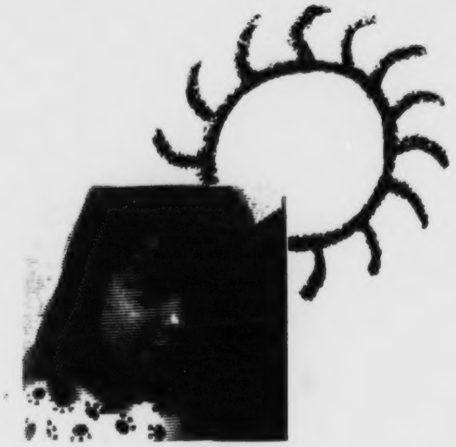
The printed pieces in the pockets of this kit provide almost everything the club chairman needs for research, implementation, and reporting.

Survey Cards—Each of the cards provides a list of questions that will help the *Young Children* committee determine the greatest needs of children in the community.

Project Idea List—This list suggests some of the many ways that clubs can address the most common needs of children prenatal through age five. Once the committee has chosen the need it will address, this booklet can aid in developing an appropriate project. On the back of the Project Idea List is an order form for additional service bulletins.

Service Bulletins—Each of the service bulletins explains in great detail how to implement a particular project. Service bulletins that do not appear in this kit are described in the Project Idea List and can be ordered from the International Office.

Tip Sheets—Tip sheets on fund raising, collaborating, and evaluation offer advice on phases of project development that tend to be handled separately from the service activity itself. This advice should apply to almost any project the club may undertake for *Young Children: Priority One*.



Resource Information—A club *Young Children* chairman should always feel there's someone available to help with a question. The list titled "District Chairmen for *Young Children: Priority One*" provides an address and phone number for your district's best source of help on this program. In addition, there's a list of organizations that have agreed to be on an advisory council for *Young Children: Priority One*. These organizations address needs of young children, and many of them will provide information by mail or phone.

Samples and Order Form—Samples of the fact brochure and pocket calendar are enclosed for review. These pieces can be used to educate the club or community about *Young Children: Priority One* and about Kiwanis. Both of these—and several related jewelry items—can be purchased by using the order form in this kit.

Report Materials—Mail the initial report to the Kiwanis International Office by October 1 (the beginning of the administrative year) and quarterly reports by the tenth of January, April, July, and October. Scantron forms are included with this kit.

People

On every level of Kiwanis, there are sources of help or advice available. The lieutenant governor is the first person to contact. More difficult questions can be handled by the district chairman for *Young Children: Priority One* or the International Committee member assigned to your district. Other clubs can also be an excellent source for practical advice.

The Program Development Department at the Kiwanis International Office is available 8:30 a.m. to 4:45 p.m., CST, Monday through Friday. Additional information is available on many projects, and the staff amay be able to suggest other sources of information. Call 1-800-879-4769 or 317-875-8755.

The final authorities on almost all projects will be representatives of other organizations. This is another reason to establish local contacts and work in collaboration. If this is not possible, the national offices of organizations can be contacted. A list of organizations that might prove useful is in the front pocket of this kit.

Some studies suggest that as many as one-third of the children eligible to enter kindergarten are not ready to do so. Another study concluded that as many as 50 percent of youngsters are placed in grades one or two years ahead of their developmental age.—Committee for Economic Development

AWARD PROGRAMS

There are two banner patch award programs for *Young Children: Priority One*. Lieutenant governors administer the first program, called the "Outstanding Club Project" award. A lieutenant governor can nominate any project that addresses a need of children, prenatal through age five, and supports one of the four service focuses: maternal and infant health, child care and development, parent education and support, or safety and pediatric trauma. To qualify a project also must meet two of four criteria measuring service hours, funds, networking, or impact. The lieutenant governor presents the award to the club, preferably at a division meeting.

The second award program, called the "Partnership Project" award, recognizes larger projects developed by collaborative efforts that address a need of children throughout a larger area or division. District *Young Children* chairmen and governors nominate recipients of this award.

Tip Sheet on Fund Raising in the Business Community

Young Children
PRIORITY ONE

Many projects suggested for *Young Children: Priority One* are collaborative efforts that involve not only residents of the community, but businesses, social service agencies, elected leaders, the medical profession, and the media. Such large-scale and long-term projects will generally require a good deal of capital to complete and Kiwanis clubs should be prepared to assume responsibility for a significant funding role.

Traditionally, Kiwanis fund-raising activities have solicited community residents to either make donations or purchase items ranging from peanuts or Christmas trees to tickets. To support an ambitious new project, clubs may need to consider other fund-raising techniques, such as support from the business community.

A good source for donors in the business community is your members' contacts. Encourage members to share the names of businesses, professionals, and individuals who may be interested in supporting club projects for *Young Children: Priority One*. Other good sources are the Chamber of Commerce, professional societies, and trade associations. Your club could appeal to several businesses during their regularly scheduled meetings.

Preparing to Solicit Business Support

The value of soliciting from the business community is that larger sums may be collected than from individuals. Thus, less effort is required than in soliciting dozens of people. However, the solicitation must be better planned and polished.

When meeting with businesses, whether one-on-one or in a group, be prepared to discuss the basics of your club, the project for which you are asking support, how the funds (or in-kind resources) will be used, what funds or resources your club has already committed, what you need, why your project will interest your audience, and what the "return on their investment" is.

Don't assume that your project has no concrete return to offer businesses for support. Positive public image has become a powerful force in the business world, and your club can easily help a business by promoting it as a sponsor or co-sponsor of your project. Kiwanis clubs can publicize business support through use of posters, public service announcements, newspaper ads, billboards, and plaques on physical facilities. That's the basis of many of the projects described in the next section.

In addition to the public relations value, studies have shown that projects that improve maternal and child health, increase the availability of quality child care, or impact early education save money for the business community over the long term by building a healthier, more reliable, and better-skilled work force. Contact the Program Development Department at the International Office for a list of documents on these benefits.

Learn as much as you can about your audience before contacting them, and be receptive to information you learn during the meeting. Anticipate needs and questions and have responses ready. Be sincere and enthusiastic. Don't be too broad and vague in your requests; rather, be specific and optimistic. Use all resources offered to you. Appeal to your audience not only as concerned business persons, but as parents, grandparents, and community residents as well. And be sure to leave specially prepared literature so no one will forget your club or your request.

Information on traditional fund-raising activities can be found in Bulletin ADM #6, *Financing Kiwanis Activities*, available upon request from the Kiwanis International Office.

BEST COPY AVAILABLE

Approaches to Developing Support

When approaching the business community for support, break down the cost of your project based on the number of children who will be served. For instance, if your project will cost $25,000 to serve 100 children, that's an average cost of $250 per child. Ask each business to sponsor the same number of children:

- as it has employees
- as its employees have children
- as the owner has children or grandchildren

Donations can also be made in the name of particular children.

Ask individual businesses to sponsor one aspect of the service project, or one aspect of your fund raiser for the project. If you're hoping to bring in a prominent speaker, ask one business to pay the speaker's fee and another to cover travel costs. Ask others to pay for rental of facilities, costs of audio-visual equipment and staff, concessions, decorations, and other necessities. Credit the donations in a program, on placards, and in the introduction before a speech.

Offer free publicity in exchange for a contribution. Ask a billboard company to donate the use of one billboard, and advise businesses that all those contributing will have their names put on the billboard as a public thank-you for their support. Similarly, ask newspapers to donate advertising space, or television and radio stations to donate air time (or at reduced costs) and offer to publish or broadcast a public thank-you to all contributing businesses.

Ask local businesses to make contributions based on sales of particular items or services, or based on a percentage of all sales during a certain period. In return, your club will help the businesses publicize the campaign and encourage consumers to purchase those products and services.

For example, your club might persuade the management of the local Super Burger restaurant to donate fifty cents for each children's meal purchased within the next three months to your club's project. In return, your club announces the promotion via public service announcements on radio and television and on posters. Increased consumer awareness creates more business for Super Burger, generating a greater contribution to your club project, the results of which benefit the entire community.

This is known as cause-related marketing—a very "hot" strategy for gaining business support for charitable causes. Some businesses offer special discounts, which gives consumers even more incentive to participate and results in larger contributions from the business.

Urge local merchants to donate special offers on goods and services to a coupon book. Secure coupons for a variety of restaurants, services, leisure activities, and local attractions, in order to appeal to a wide range of consumers. A sales strategy must be developed, and coupons designed, printed, and bound into booklets. Businesses can be asked to help cover these costs, and to make the coupon books available for sale.

Success Stories

The Kiwanis Club of Denver, Colorado, substantially increased the profits of its annual golf tournament by involving the business community. Local businesses were asked to sponsor all eighteen holes of the course at a newly opened country club by paying $250 for advertising at the site. Businesses also donated fifteen trips that were raffled during a dinner and dance following the tournament. The event raised nearly $15,000, enabling the club to donate money to several local social service agencies.

One Kiwanis club sponsored a creative Halloween fund raiser. The club asked each business in a popular shopping mall to "purchase" a large pumpkin for $100 and decorate it in a way that reflected the goods or services of the store, then to prominently display the pumpkin at the store entrance (one central display could be arranged instead). A candy store dressed its pumpkin as a trick-or-treater, and a styling salon displayed its squash in a stylish coiffure. Passers-by were asked to vote for their favorite pumpkins by placing a quarter in a donation barrel next to each. The event was a huge success and raised several thousand dollars.

Another unique fund raiser is a no-risk raffle. A supermarket raffled a $100 shopping spree for a charitable cause, with chances sold at one dollar apiece. Customers were guaranteed that, even if they didn't win the raffle, they could redeem each raffle ticket at the store later for one dollar off a purchase of $15 or more. The raffle was risk-free for the consumer and encouraged greater participation, which resulted in higher proceeds than usual raffles. Though the store ostensibly offered only $100 toward the cause, they actually contributed several hundred dollars by the time all raffle chances were redeemed. In return, the store gained a more positive public image, perhaps gained a greater number of purchases, and the raffle raised a good deal of money.

BEST COPY AVAILABLE

Tip Sheet on Working with Other Organizations

Adding Groups = Adding Service

Imagine doubling or tripling the service hours of your club and at the same time harnessing the expertise needed for more ambitious, cutting-edge service projects. This tremendous service boost is possible by working with other organizations that help young children. Whether it is called a partnership, a network, a coalition, or a consortium, the purpose is basically the same: joining forces with other groups that want to address the same community need.

As Kiwanis clubs learn about the needs of children prenatal through five, they quickly realize that the needs are far greater than Kiwanis alone can address. The need for partnerships and coalitions has never been greater.

Joining a Coalition

In many areas, Kiwanis clubs can join forces with local coalitions that are represented on the *Priority One* Advisory Council (which is composed of national groups that are working with Kiwanis to help young children).

Safe Kids—There are more than 100 city or county-level Safe Kids coalitions. These groups address local safety concerns, many of which relate to children age five and below. To learn if there is a Safe Kids Coalition in your community—or to discuss how to create one—call Safe Kids at (202) 939-4993.

Healthy Mothers, Healthy Babies—Healthy Mothers, Healthy Babies coalitions address issues of maternal and infant health and nutrition. They often operate at the state level with local coalitions of varying strengths. To learn if there is a coalition that your club could work with, call (202) 863-2458.

Forming Your Own Local Coalition

Forming a local coalition can be part of the needs analysis process (it might even be substituted for it). As you contact experts and organizations about the needs of young children in the community, you are creating the list of people to invite to a meeting. This list should include the local representatives of the members of the *Priority One* Advisory Council (list in kit), contacts provided by the lieutenant governor or district chairman for *Young Children: Priority One,* government officials, school officials, business leaders, other service clubs, *and* other Kiwanis clubs.

The purpose of the meeting is threefold:

1. To discuss and prioritize the greatest needs of young children in the community.
2. To explore ways that the organizations gathered in the room could work together to address these needs.
3. To get a commitment to continue meeting to develop action plans that can be implemented effectively.

Keeping a Coalition Going

Keeping a coalition operating is much like keeping a Kiwanis club going. There must be:

Purpose—The purpose of the group must be clear to everyone and should be in a written document.

Leadership—The coalition must have a leader or steering committee that everyone respects and will support. This leader must have the ability to communicate with the various interest groups and treat them as equals in the coalition. The leader also should have the strength of vision to keep the coalition progressing toward its goal.

Plan—An action plan that utilizes skills and resources of every group must be agreed upon. Responsibilities and deadlines for each group must be clearly defined. And there should be agreement that the leader or steering committee has the authority to intervene when an organization fails to perform its responsibility.

Communication—The group must meet regularly for discussion, and a written report must be sent out to every representative, including those who did not attend. The needs and agenda of each organization must be understood, since their participation in this coalition effort may be only one small part of their agenda or a compromise on their intended effort. Conflicts (on turf issues, priorities, or expertise) are almost inevitable in a large coalition, so negotiation and bargaining must be standard communication tools.

Recognition—Each organization needs to be recognized for its contribution to the partnership effort in publicity that is seen in the community. While some organizations may take on greater responsibilities (and should be recognized accordingly) all publicity should make clear that no single group is "in charge" of the coalition.

Evaluation—The coalition needs to evaluate its efforts so that every organizational member understands what part of its own agenda has been accomplished, and everyone can see the quantifiably greater results of working within the coalition. Each member of the coalition needs to self-evaluate its role in the effort to identify more efficient strategies and procedures.

Resources—In addition to the resources each member organization contributes to the coalition's activities (and which can be defined in the action plan), a coalition requires administrative resources. Written reports, meeting agendas, mailings, follow-up phone calls, meeting places, and coffee all need to be provided. The costs and time involved need to be defined and accepted by the group.

Forming a Small Partnership

A club that conducts a community analysis before considering coalitioning may decide that it is most interested in an issue that only relates to just a few other organizations in the community. In such a case, the club could form an informal partnership with just those organizations, working out a joint plan for a specific project or to address a single need. The same concerns noted above will need to be considered, but the scale of the coordination effort is much smaller.

Tip Sheet on Evaluation

Why Evaluate?

A person who kicks a ball toward a goal doesn't turn and walk away. He watches to see if he succeeded. However, many Kiwanis clubs walk away from projects without really discovering whether they accomplished what they set out to do. That is the purpose of evaluation.

Evaluation allows a club to learn from its mistakes and to capitalize on its successes. Depending upon the design of an evaluation, a club can learn whether:

- The project was successful.
- The project was well designed.
- The project was properly implemented.

This information can improve the project as it continues. More important, it can improve the implementation of future projects by avoiding inefficiencies and exploiting strengths.

How to Evaluate

Evaluation is basically a measure of the change brought about by a service project. The simplest evaluation is to look at a problem before the project and again after the project. Whatever changes are observed may be credited to the project.

A slightly more formal system of evaluation may assume the steps listed below, but the basics are the same: measure before and after.

1. Plan to evaluate the project from the time the needs survey begins. Keep the data collected on the various needs.

   Example: If the statistics on infant mortality in the community inspire the club to support prenatal care, those statistics should be kept on file after the project is implemented.

2. When the need to be addressed is chosen, make sure the committee agrees on a measurable goal. If it can't be measured by numbers, agree on some sign or number that will be the goal.

   Example: The parents in the community need to place 78 children in child care, but only 45 places are available. The club could decide to help create the 33 spaces.

3. Identify all methods for accomplishing the goal.

   Example: The number of child care spaces in the community could be increased by expanding the capacity of current facilities, developing new facilities, or supporting family child care homes. (If one of these methods does not succeed, another one can be attempted.)

4. Decide on the questions (and/or measures) for the evaluation.

   Example: A safety project follow-up survey might involve ten questions to determine the effect of a safety campaign on attitudes and behaviors.

5. Plan the evaluation process.

    Example: Before a safety class ends, the evaluator should plan to survey the class members. He must write a survey, secure funding, print the survey, and choose the best time to distribute and pick it up.

6. Start the evaluation before the project ends.

    Example: A survey passed out at a safety class will be completed and returned by half the class. Wait two weeks after the class ends, and only a few people will take time to complete the survey.

7. Evaluate the data. Look at it in as many ways as possible.

    Example: The evaluator discovers that infant mortality has been reduced by 12 percent after a year of the Kiwanis education campaign. When he looks at the infant mortality rate for minorities, however, he finds that it did not change.

8. Use the findings.

    Example: A club that installs batteries in smoke alarms can publicize the number of houses now protected by smoke alarms. Over time, the club may be able to point to a reduction in the number of fire deaths or injuries. These statistics should be publicized.

Four Types of Evaluation

Clubs may consider using four types of evaluation:

1. *Survey of recipients*—The easiest way to learn about the effect of a project is to ask the people being helped. In some cases, however, they may be unable to impartially judge the results of a project, or they may feel obliged to respond positively out of politeness.

    Example: A club holds a parenting fair for the community. All parents who attend are asked to fill out a questionnaire about the value of the fair.

2. *Survey of experts*—The experts who helped the club identify the need are probably able to judge the effectiveness of the project. Their expertise makes their opinions worth considering, and they may have access to data unavailable to the club.

    Example: Two family counselors and a social worker comment that the parenting fair really changed the attitude of some parents about proper responses to misbehavior by children.

3. *Measure of changes*—Given a quantifiable goal, the club can measure the success of the project by numbers. This may avoid the subjectivity of other methods, but interpretation of data can be subjective, too.

    Example: The club measures positive parenting behaviors to see if there is an increase in the purchase of safety items, attendance at parenting classes, use of a parent resource library, and so forth. Or, the club could measure negative behaviors to see if there is a reduction in accidents, counseling referrals, or complaints about child abuse.

4. *Survey of club members*—Club members who participated in the project should be surveyed to learn how it can be improved. They may also provide observations on responses to the project.

    Example: Club members who worked at the parenting fair might report that more signs should be posted or more time should be allotted between speakers. They might also report that people seemed more impressed with a particular speaker or booth.

Young Children
PRIORITY ONE

NEEDS SURVEY QUESTIONS ON PARENTING

Yes No

Are there programs that educate new parents about caring for their children? ☐ ☐

- How many parents–to–be annually attend childbirth education classes?
- Do any of these programs continue with classes on parenting young children?

Do young parents know what resources are available in the community to help them raise their children? ☐ ☐

Is there a family resource center in the community? ☐ ☐

- What services does it provide?
- What other services are needed?

Are there programs available for parents who want to learn how to be better parents? ☐ ☐

- Is there a parenting fair? A parent hotline? A family resource library?
- Are there parent support groups?

Are there programs available for parents who face special obstacles, such as poverty, lack of education, or physical disabilities? ☐ ☐

- Is there a home visitation program in the community? How many families does it serve? How many more need to be served?
- Is there a family literacy program or family development program in the community? What are its greatest needs?

Are there programs available for families in crisis? ☐ ☐

- Is there a respite care program?
- Are there counseling programs available to low–income families?
- Is there a Parents Anonymous group?
- How many cases of child abuse occurred in the last year? How does this compare to the incidence of child abuse 10 years ago? 20 years ago?

Young Children
PRIORITY ONE

NEEDS SURVEY QUESTIONS ON SAFETY

	Yes	No
Could the number of accidents involving young children be reduced?	☐	☐

- In the past year, how many children age five and under have been treated at an emergency room for an accidental injury? How many have been treated at clinics and doctors' offices?
- How many of these accidents could have been prevented through parent education or proper use of safety devices?
- How many of these children died?
- What are the five most common types of accidents in the community in which young children are involved?
- How can these accidents be prevented?

	Yes	No
Is there a well known crisis hotline for emergency services?	☐	☐
Is the seat belt law for children enforced?	☐	☐
Are there ordinances requiring installation of smoke detectors, anti-scald safety valves, or lower-temperature water heaters in multi-family dwellings?	☐	☐
Do homes generally have smoke detectors? Do they work?	☐	☐
Are there swimming or drown-proofing classes for young children?	☐	☐
Is there a training program for baby-sitters?	☐	☐
Is there a poison education program or hotline in the community?	☐	☐
Is there a program to check the safety of older apartment buildings in the community?	☐	☐

INSTRUCTIONS

On the reverse side of this card are questions for a needs survey on safety in your community. Consult with the county health commissioner, hospital emergency rooms, pediatricians and family practitioners, the fire and police departments, the Red Cross, the local safety council, and any other organizations that promote safety.

Try to get an answer for every "Yes/No" question. The bulleted questions do not all need to be answered, but they will help you learn the dimensions of the child care and education needs in the community.

A "No" answer to any question, or a qualified reply of "Yes, but . . ." suggests that there may be a weakness in the community's early childhood programs or supporting activities. You should then explore that need further to learn how great the need is and what action can be taken.

This survey is an adaptation of the *Healthy Children* community assessment quiz developed by Philip J. Porter, M.D.

INSTRUCTIONS

On the reverse side of this card are questions for a needs survey on the support given to parenting in your community. Consult with pediatricians and family practitioners, the mental health association, child protective services, the family court or juvenile court judge, early childhood educators, and clergy in your community.

Try to get an answer for every "Yes/No" question. The bulleted questions do not all need to be answered, but they will help you learn the dimensions of the child care and education needs in the community.

A "No" answer to any question, or a qualified reply of "Yes, but . . ." suggests that there may be a weakness in the community's early childhood programs or supporting activities. You should then explore that need further to learn how great the need is and what action can be taken.

This survey is an adaptation of the *Healthy Children* community assessment quiz developed by Philip J. Porter, M.D.

Young Children
PRIORITY ONE

NEEDS SURVEY QUESTIONS FOR PARENTS OF YOUNG CHILDREN

Please give your age, the age of your spouse, and the age of your children.

What are the biggest problems you face in raising your children?

What are the greatest needs of young children, and their families, in this community? Please consider the areas of:

- Health services
- Child care and early education
- Parenting
- Safety

What do you know today about parenting that you wish someone had told you when you became a parent?

Young Children
PRIORITY ONE

NEEDS SURVEY QUESTIONS ON CHILD HEALTH SERVICES AND PEDIATRIC TRAUMA

CHILD HEALTH SERVICES	Yes	No
Are comprehensive primary care services available to children from all income groups?	☐	☐
Is your community free of measles, polio, diptheria, and whooping cough?	☐	☐
Are the emergency wards of your hospitals used only for true emergencies rather than for routine care?	☐	☐
Do the following services exist?		
• Fluoridation	☐	☐
• Nutritional program for women, infants, and children	☐	☐
• Hearing and vision screening and referral for treatment	☐	☐
• Lead detection program	☐	☐
PEDIATRIC TRAUMA		
Are the local emergency medical technicians trained in the differences between severe pediatric trauma and adult trauma?	☐	☐
Do the ambulances and hospital emergency room have equipment designed to fit young children?	☐	☐
Is the local hospital adequately prepared to be a primary care hosptial for pediatric trauma?	☐	☐
Is there a secondary care hospital for pediatric trauma within fifty miles?	☐	☐
Is there a tertiary care hosptial for pediatric trauma that can be reached by helicopter in an hour?	☐	☐

INSTRUCTIONS

On the reverse side of this card are questions for a needs survey on child health services and pediatric trauma facilities in your community. Consult with the county health commissioner, the local hospital, pediatricians and family practitioners, and emergency medical technicians in your community.

Try to get an answer for every "Yes/No" question. The bulleted questions do not all need to be answered, but they will help you learn the dimensions of the child care and education needs in the community.

A "No" answer to any question, or a qualified reply of "Yes, but . . ." suggests that there may be a weakness in the community's early childhood programs or supporting activities. You should then explore that need further to learn how great the need is and what action can be taken.

This survey is an adaptation of the *Healthy Children* community assessment quiz developed by Philip J. Porter, M.D.

INSTRUCTIONS

On the reverse side of this card are questions for a general needs survey among parents of young children. These questions can be the basis for a survey mailed or handed out to a large number of parents in your community.

The larger the number of responses to the survey, the more likely you are to develop a clear picture of the needs in the community. A mailing list of parents of young children could be developed from stores that specialize in children (toys, clothing), hospitals, or the local government office that registers births. Alternatively, the survey could be distributed from a business, child care facility, or community center where many parents of young children will go. Be sure to distribute the questionnaire to all socioeconomic and ethnic groups in the community.

After you tabulate the results to the survey and identify the greatest needs, discuss your conclusions with local experts on the identified needs.

Young Children
PRIORITY ONE

NEEDS SURVEY QUESTIONS ON EARLY CHILDHOOD PROGRAMS

Yes No

Is there a resource and referral agency in the community? ☐ ☐

Does the capacity of early childhood programs meet the demand? ☐ ☐

Does the quality of early childhood programs meet the demand? ☐ ☐

- How many children under age six are there in the community? How many are in full-day child care programs? How many are in other early childhood programs?
- How many child care facilities operate in the community? How many children are in these programs? What are the greatest needs in these programs?
- How many family child care providers are estimated to be in the community? Serving how many children?
- Are family child care providers required to be licensed or registered by the local government? How many have done so?
- What do family providers need to improve their child care?

Is there a government-sponsored program, such as Head Start, available to young children living in poverty? ☐ ☐

Does it meet the all the needs for such a program? ☐ ☐

- What are the requirements to participate in the program?
- What percentage of the eligible children are in the program?
- What resources does the program need to better serve the children?
- What resources does the program need to serve more children?

Does the Reading Is Fundamental program operate in early childhood programs in the community? ☐ ☐

Is there a family literacy or family development program in the community? ☐ ☐

Young Children
PRIORITY ONE

NEEDS SURVEY QUESTIONS ON MATERNAL AND INFANT HEALTH

	Yes	No
Are there charitable or government-supported clinics that make it possible for all pregnant women to have prenatal check-ups?	☐	☐
Is there a program that makes young women aware of the need for prenatal check-ups and their availability in the community?	☐	☐
• What percentage of pregnant women are not receiving regular prenatal check-ups?		
Does your hospital have a newborn intensive care unit? If not, is such a resource available nearby?	☐	☐
Are the neonatal and infant mortality rates for your community at or below the state average for people of all ethnic populations?	☐	☐
• What is the infant mortality rate for the community? What is the infant mortality rate for the minority population(s) in the community? How do these compare to the state or national rate?		
• What is the rate of low birth weight babies? Has this rate changed over the past 10 years? Over the last 20 years? What percentage of the low birth weight babies do not survive to their first birthday? What percentage of the surviving low birth weight babies will grow up physically handicapped or mentally retarded?		
• What percentage of the infants born in the community are affected by alcohol, tobacco, or other drugs consumed by the mother?		
Is there a nutritional program for women, infants, and children, like WIC?	☐	☐
Are there reproductive health services available for adolescents and are these services appropriately used by them?	☐	☐
Is the number of pregnancies to unmarried women below the age of 17 zero?	☐	☐

INSTRUCTIONS

On the reverse side of this card are questions for a needs survey on maternal and infant health in your community. Consult with the health commissioner, obstetricans and gynecologists, pediatricians, and others who deal with maternal and infant health in your community.

Try to get an answer for every "Yes/No" question. The bulleted questions do not all need to be answered, but they will help you learn the dimensions of the health needs in the community.

A "No" answer to any question, or a qualified reply of "Yes, but . . ." suggests that there may be a weakness in the community's health services or supporting activities. You should then explore that need further to learn how great the need is and what action can be taken.

This survey is an adaptation of the *Healthy Children* community assessment quiz developed by Philip J. Porter, M.D.

INSTRUCTIONS

On the reverse side of this card are questions for a needs survey on early childhood programs in your community. Consult with local government regulators of such programs, the child care resource and referral agency (if there is one), teachers and child care providers, the administrators of any programs for children in poverty (such as Head Start), pediatricians, and any professional associations (such as a local affiliate of the National Association for the Education of Young Children) in your community.

Try to get an answer for every "Yes/No" question. The bulleted questions do not all need to be answered, but they will help you learn the dimensions of the child care and education needs in the community.

A "No" answer to any question, or a qualified reply of "Yes, but . . ." suggests that there may be a weakness in the community's early childhood programs or supporting activities. You should then explore that need further to learn how great the need is and what action can be taken.

This survey is an adaptation of the *Healthy Children* community assessment quiz developed by Philip J. Porter, M.D.

A SERVICE BULLETIN FOR YOUNG CHILDREN: PRIORITY ONE

Project Idea List

This list briefly describes some of the more common ways that communities have met the needs of young children. As a club's *Young Children: Priority One* committee chooses the problem it wishes to address, this list can help launch the committee in its project development.

The projects are organized by service topic, though there is certainly overlap among the service areas. It may prove helpful to review the entire list to make sure the best idea for your community wasn't "hiding" under another service topic.

Since this is not an exhaustive list, clubs are encouraged to develop their own solutions to local problems. Please share information about original projects with the International Office, so that the projects can be added to this idea list.

Additional information is available on all of the projects described, either from Kiwanis International or an Advisory Council organization. Addresses are listed on the *Priority One Advisory Council* sheet in the *Young Children* kit. In some cases, phone numbers are provided here for convenience.

Maternal and Infant Health

Some children born today die or suffer needlessly, in spite of all the medicines and technology available. Many will die because their mothers didn't take care of themselves during pregnancy—eating poorly, drinking, smoking, or even taking drugs. Others will be permanently handicapped by their mothers' "bad habits."

Some children won't be seen by a doctor for check-ups and won't be immunized. They will never have a chance for wellness care or preventative medicine. As a result, by the time they see a doctor, they often are terribly ill.

Kiwanis clubs can address these problems by educating the public and making sure that appropriate health care is available to all children.

PROJECT:
Educate the Public

RESOURCES REQUIRED:
Funding—Moderate
Hours—High
Personnel—Moderate

Kiwanis clubs can work with the March of Dimes or local Healthy Mothers, Healthy Babies coalitions on a variety of awareness activities. The March of Dimes has a catalog of educational brochures, pamphlets, curriculums, and audiovisual programs. Many of the printed pieces are free. Any club planning its own awareness campaign should request the March of Dimes catalog and consider using one or more of its publications. Contact the Community Services Department of the March of Dimes at (914) 997-4468.

PROJECT:
Provide Prenatal Health Care Education in the Workplace

RESOURCES REQUIRED:
Funding—Low
Hours—Moderate
Personnel—Low

The March of Dimes has developed a series of nine seminars, titled "Babies and You," designed for presentation during lunch hours or other periods of the workday. These seminars educate potential parents about life-style behaviors that can affect a pregnancy and encourage early and regular prenatal care. Many employers have begun to realize that their companies benefit from programs that improve the pregnancy outcomes of workers.

A Kiwanis club could be the catalyst to bring the "Babies and You" seminars to a community. The club can work with small businesses in the community to organize one class of employees for the seminars.

To learn more about "Babies and You" contact the Community Services Department of the March of Dimes, at (914) 997-4468.

PROJECT:
Bring the "Baby Your Baby" Campaign to the Community

RESOURCES REQUIRED:
Funding—High
Hours—High
Personnel—High

The "Baby Your Baby" program was developed in Salt Lake City to counter an increase in low birthweight babies. Since many of these babies were born to mothers who had not regularly visited a doctor during pregnancy, the "Baby Your Baby" program was developed to encourage women to begin regular checkups early in their pregnancies.

The campaign involves a television documentary and public service announcements, printed materials, and—perhaps most important—books of coupons that are validated by obstetricians during regular checkups. This campaign is now being utilized in seven states and can be adapted for nearly all television markets. Contact KUTV Community Affairs, (801) 973-3308.

FOCUS PROJECT:
Create or Support a Home Visitation Program

RESOURCES REQUIRED:
Funding—High
Hours—High
Personnel—Low

A home visitation program sends a trained volunteer or worker into the home of a pregnant woman or a mother to offer information and assistance. The home visitor can help a pregnant woman secure financial assistance and negotiate the complexities of the health care system. As the home visitor earns the trust of the future mother, she can also motivate her. In addition, the woman being visited feels secure because she is on her "home turf" and is, therefore, more likely to accept advice on parenting, nutrition, and medical care.

A Kiwanis service bulletin on home visitation programs is available from the Program Development Department at the Kiwanis International Office.

To learn more about home visitation programs, request the booklet *Home Visiting: Opening Doors for America's Pregnant Women and Children* from the National Commission to Prevent Infant Mortality, telephone (202) 205-8364.

FOCUS PROJECT:
Immunizations

RESOURCES REQUIRED:
Funding—Low to moderate
Hours—Low to moderate
Personnel—Moderate

A dollar's worth of vaccine can prevent death or permanent disability and thousands of dollars in hospital care. That's why it's important for every child to be fully immunized by age two.

Kiwanis clubs can work with health departments and medical personnel to educate parents, overcome institutional barriers, and reach out into neighborhoods. To learn more about immunization projects, request service bulletin PO #14 from the Program Development Department at the International Office.

FOCUS PROJECT:
Alcohol Awareness for Pregnant Women

RESOURCES REQUIRED:
Funding—Moderate
Hours—Low to Moderate
Personnel—Low

A woman who drinks regularly during pregnancy increases the possibility that her child will be born mentally retarded or physically handicapped. Many women do not realize this or do not know how to stop drinking. Working with other agencies, a Kiwanis club can educate the public and ensure that support is available to women who want to stop drinking for their babies.

A service bulletin, PO #15, on this project is available from the Program Development Department at the Kiwanis International Office.

FOCUS PROJECT:
Preventing Lead Poisoning

RESOURCES REQUIRED:
Funding—Moderate
Hours—Moderate
Personnel—Low

Very low levels of lead in a child's blood can permanently lower the child's intelligence and development. Yet lead is in old paint, water pipes, and the dirt around houses and highways. Protecting children from lead requires testing and removal or coverage of the lead source. Service bulletin PO #16 explains how a club can prevent lead poisoning in a community.

PROJECT:
Develop New Health Care Services for Children

RESOURCES REQUIRED:
Funding—Variable
Hours—High
Personnel—Moderate

In many communities, the available health care services for children are inadequate. The Healthy Children program assists communities in evaluating the services available and developing solutions to meet needs. It shares the experience of other communities that have had similar needs but solved their problems through imaginative and efficient use of resources available in the community.

If a Kiwanis club concludes that its community needs additional health care services for children, it can learn more about the Healthy Children program by requesting literature from the American Academy of Pediatrics, (708) 228-5005.

PROJECT:
Set Up a Health Screening or Free Clinic

RESOURCES REQUIRED:
Funding—Moderate to high
Hours—Variable
Personnel—Moderate

Simple health exams by a doctor and dentist make it possible to solve simple problems that could become dangerous or permanent afflictions. Some programs, such as Head Start, build in these health screenings but often don't have funding for the follow-up treatments that are needed. In other programs, the teachers or caregivers know there's a need but can't find the funding. Kiwanis clubs can help in a number of ways:

Professional Recruitment—Find a doctor, dentist, and nurse willing to volunteer a few hours to provide screenings and immunization. Offer to pay for follow-up treatments at a reduced rate.

Parent Recruitment—Get parents to ensure that all children in the community have the chance to participate in the program. Give them the supplies and organizational assistance to get the message out.

Club Volunteers—The paperwork, preparation of the site, organization of the check-in lines, and other logistics should be handled by Kiwanians and parents. The club needs to make sure that the medical people lend their expertise, but do not take total control of the project.

Materials—The club can provide funding for necessary medical supplies. In addition, it can purchase and distribute pamphlets on medical care, nutrition, and first aid. Perhaps more important, the club can bring the prizes for the children who participate in the check-up or immunization program.

Special Event—One way to draw people to a health care project is to offer entertainment. This provides an incentive to come and helps the time pass quickly for the people standing in line. Other ways to draw a crowd are prize drawings and give-aways, a visit by a fire truck, or the presence of a sports celebrity.

Mini Medical Missions—Kiwanis clubs in the Philippines and Latin America organize health missions to needy areas. Several club members gather materials and escort a volunteer doctor and dentist to a needy area, where they spend the day giving medical and dental treatment to people who would otherwise go without. The club announces the visit ahead of time, so that people will gather in the village for medical checkups. The club pays for the medical and dental supplies, and the doctor and dentist—and very often the Kiwanians—donate their time.

FOCUS PROJECT:
Develop a Smoking Awareness Campaign for Pregnant Women

RESOURCES REQUIRED:
Funding—Moderate
Hours—High
Personnel—Low

One public health expert recently estimated that infant mortality would decrease by 10 percent if all pregnant women quit smoking. However, many pregnant smokers don't know they are hurting their babies—or the degree to which the developing fetuses can be damaged. A Kiwanis service bulletin describing a public awareness campaign on this issue is available from the Program Development Department at the Kiwanis International Office. It provides reproducible materials and suggestions for the campaign's design, including a smoking cessation class for future parents.

CHILD CARE AND DEVELOPMENT

A human being learns more in the first six years than at any other time in his or her life. But children can't learn in a vacuum. They need toys, people to talk and listen to, books to admire and enjoy, opportunities to explore, a safe sanctuary, and warm hugs. Children deserve such an environment, but for many such opportunities are not available or affordable. Kiwanis clubs can help change that.

In the United States, more than 10 million children under the age of six have their only parent or both parents in the labor force. In fact, only 7 percent of families have the "traditional" structure, with a stay-at-home parent who takes care of the children while the other parent is the bread winner. Today, child care is a necessity for parents and for the businesses that employ them. Unfortunately, there is a shortage of high quality providers of child care, and no coherent system exists that solves this problem. Kiwanis clubs can be part of the solution on the local level.

In the activities suggested below, two organizations are referred to several times: the National Association for the Education of Young Children (NAEYC), phone (202) 232-8777 or (800) 424-2460; and the National Association for Family Day Care (NAFDC), phone (202) 347-3300.

FOCUS PROJECT:
Support a Preschool, Child Care Center, or Head Start Program

RESOURCES REQUIRED:
Funding—Variable
Hours—Variable
Personnel—Variable

Preschools and child care centers offer settings for exploration and learning, supervised by qualified teachers. Children have opportunities they might not have at home to experiment, interact, and prepare for future challenges. In the United States, Head Start programs are government-supported preschools for underprivileged children and their families. Their purpose is to give children the "head start" they need to do well in school. If a Kiwanis club discovers a need in the community for higher quality child care at affordable prices, it will probably need to work with centers to improve or expand their programs and to educate the public about quality programs.

A service bulletin on assisting a preschool, child care center, or Head Start program can be requested from the Program Development Department at the International Office. It suggests a variety of ways in which clubs can assist.

Volunteers—A club rich in volunteer time can give regular assistance in the classroom by reading stories or writing down those told by the children, supervising the playground or art area, or providing transportation. If the club prefers to sponsor a special event, it could stage a party, picnic, or field trip. Maintenance work or assistance with bookkeeping are other possibilities. The club could also assist by organizing the recruitment and training of volunteers from churches, senior citizen centers, high schools, and colleges.

Funding—A club with more significant funds available—or the ability to raise them—might adopt the school or center and supplement its budget, buy equipment, remodel the preschool, or even acquire a site for a larger center. Schools and centers always need playground equipment, long-lasting toys, and consumable materials such as paints, crayons, and paper. But there may be other, less expected needs, like cribs, smoke detectors, safety equipment, a computer, or office supplies. Clubs also can improve child care quality in the community by providing financial incentives or support to programs seeking NAEYC accreditation.

Training—Many child care workers have no training but genuinely want to learn more about working with children. However, they often cannot afford to take university classes or are unable to travel far. A club could assist with such costs by purchasing printed materials or videotapes from NAEYC and working with a state or local affiliate to put on a seminar or series of classes at the center. For a more ambitious training program, the club could work with a university to bring training to a location that would be convenient for workers at several centers and provide financial assistance. The Cooperative Extension Service is another source of support for such training.

Helping Families—The club could turn its attention directly to the children and their parents, supplying whatever is needed, from clothing for a child to food for the family or job training for the parent. In addition to meeting basic needs for food and clothing, clubs could provide scholarships to children from low-income families, to allow them the opportunity to participate in a quality program.

PROJECT:
Develop an Awareness Campaign

RESOURCES REQUIRED:
Funding—Moderate
Hours—Low to moderate
Personnel—Moderate

Many average citizens probably don't realize that there is a child care crisis; that affordable, quality child care for preschool children can be difficult—if not impossible—to find; that a majority of women with young children work; that child care workers frequently are paid less than minimum wage; that staff turnover in child care centers is commonly more than 40 percent a year; and, that when those average citizens have babies, they are shocked to discover they're now part of the crisis. Clubs can help educate the community—especially new parents—about this problem.

Parent Education—Parents need to learn how to choose good programs for their children. The National Association for the Education of Young Children produces brochures titled *Finding the Best Care for Your Infant or Toddler* and *How to Choose a Good Early Childhood Program.* The second brochure is also available in Spanish. These materials can be purchased in large quantities and distributed through doctors' offices, childbirth educators, baby clothing stores, and toy stores. Reprints of a *Parents* magazine article, which is basically a comprehensive checklist on finding quality child care, are available from the Child Care Action Campaign, (212) 334-9595.

Community Education—To educate the community about the local child care problem, the club will need to research the local conditions. In the *Young Children: Priority One* kit, a survey form on child care provides questions the club will need to ask child care providers, educators of young children, businesses, and social service agencies. After the club assembles its data into a report on local needs and ways to meet those needs, it should publicize its findings. The club could send the report to the news media, present a copy to the mayor or city council, make a presentation to the local chamber of commerce, or hold a public meeting. Many of the people who provide information for the report might want to help publicize it, and the club could become the main provider of activities that address child care needs.

Quality Maintenance—Parents depend heavily upon child care centers to provide developmental education for their children. Thus, quality in early education programs has become more and more important. Unfortunately, child care centers often operate on low budgets, and have difficulty attracting and retaining qualified staff members. The National Association for the Education of Young Children has developed a brochure, *The Full Cost of Quality in Early Childhood Programs*, which outlines the problems of maintaining quality child care standards, how they affect children, and what Kiwanis clubs can do to help alleviate the difficulties. For copies of the brochure, contact the National Association for the Education of Young Children at (800) 424-2460.

PROJECT:
Support Family Child Care Providers

RESOURCES REQUIRED:
Funding—Variable
Hours—Moderate
Personnel—Moderate

More than one-and-a-half million women in the United States provide home-based care to more than 5 million children. That's more than 70 percent of the children in full-time child care. These care providers, usually with three to six children in their own homes, are generally less expensive, more conveniently located, more flexible, and have a more homelike environment than most center-based care providers. However, they are also less regulated and may have no trained personnel. Working with family care providers may be less cost effective than working with centers. In many communities they provide most of the child care, so significant improvements probably depend on them. A Kiwanis club could undertake one of several projects to improve family care in its community.

Immediate Needs—Many family care providers can't afford equipment or needed repairs. Some require organizational assistance to plan a budget, exercise their tax rights, or apply for the Child Care Food Program. A set number of service hours or a small grant from club members could solve any of these problems and improve the quality of care for children.

Licensing or Registration—Less than 10 percent of family care providers are licensed or registered by a state agency, even though they are generally required to be by law. A club could promote licensing in the community and offer assistance in working with the state agency, completing paperwork, or modifying homes so that they meet state licensing requirements. A club could also print a list of family care providers who are licensed.

Training—The National Association for Family Day Care offers an accreditation program for providers, and the Council for Early Childhood Recognition oversees a credentialing program. Clubs could pay the fees for a provider to participate in either program. In addition, family child care providers may choose to participate in training opportunities offered by NAEYC state or local affiliates. Working with an NAEYC affiliate or a university, a Kiwanis club could sponsor a one-day seminar or a series of workshops.

Support Van—Because family care providers operate in their homes, they often are isolated. They cannot afford to have materials or services delivered to them, and many resource centers are closed when the working day ends. To solve this problem in Miami, Kiwanis clubs worked with the Junior League and the Council of Jewish Women to purchase and equip a van that visits family care providers. An early childhood expert offers advice, educational materials for the care providers, and loans of equipment, toys, and books from the library system. The van's personnel work for the county.

PROJECT:
Expand Child Care Services in the Community

RESOURCES REQUIRED:
Funding—High
Hours—High
Personnel—Moderate

A club may find that the real problem in the community can't be met by existing programs. There may be more children who need care than there are spaces available, or a particular kind of service may be lacking. In either case, the challenge for the Kiwanis club is to find a way to create the program without bearing the full burden of its cost.

Involve the Business Community—Convenient, affordable child care can reduce absenteeism, personal phone calls, and turnover at the same time that it builds employee morale. A company—or group of companies—doesn't need to assume all costs for a center, nor does the center need to be on the company's premises. It simply needs to provide enough support to make a viable, attractive program. Information on business involvement in child care is available from the Program Development Department at the Kiwanis International Office.

Contact Colleges and Universities—Many schools have or need child care facilities for use by students and staff. In addition, many schools have faculty members who are experts in early childhood development as well as students who need practicums. There is great potential for support of a new care center on or near campuses.

Support New Family Care Givers—The fastest way to increase the number of child care spaces in the community may be to encourage development of family child care homes. The club could sponsor a meeting or seminar that explains how to set up a family day program and become licensed. It might also offer small loans, training, technical assistance, or repairs to help start care providers with properly organized and equipped homes. Material on setting up a family child care home is available from NAFDC and NAEYC.

Start a Program in the High School—A high school may have space for a center and a willing pool of volunteers. However, today there is a far more important reason to put a child care program in the school. Many of the students need a place to leave their children while they go to class. A child care program will help them attend school regularly—and it might get them through school. Information on the importance of child care for adolescent parents is available from the Children's Defense Fund, (202) 628-8787.

Develop Additional Services—Two services commonly needed by parents but rarely offered by care providers are extended hours and sick-child care. The club should attempt to collect information on the extent of the need. If the need for extended hours is large enough, one child care center may be willing to extend its hours because it will be able to afford an additional employee.

Sick-child care is an additional problem. Sick children often require special child care arrangements. It also leads to absenteeism in local businesses, so financial support from the businesses may be available as a solution. The club might work with a hospital or clinic to set up a sick-child care center. Or, it might seek out a nurse who would set up a sick-child family care program—perhaps subsidized on the days when no children are ill. A third possibility is to develop a list of qualified retirees who will care for sick children in their homes.

PROJECT:
Support or Develop a Resource and Referral Agency

RESOURCES REQUIRED:
Funding—High
Hours—High
Personnel—Low

A resource and referral agency provides a link between providers of child care and families who need child care. The basic role of a resource and referral agency is to develop files on all child care services available in the community and refer parents to the groups that can best meet the family's needs. This leads to other important roles:

- Educating the public about the availability, affordability, and quality of child care in the community.
- Providing training and support for current care providers that will improve the quality of their programs.
- Encouraging the development of additional care programs.

If your community has a resource and referral agency, learn whether it has sufficient funding, personnel, and equipment to accomplish its goals. The purchase of a computer or software, club support of a survey, or assistance in obtaining a grant could make the agency an effective coordinator of child care services.

If your community doesn't have a resource and referral agency, consider calling together business leaders, child care providers, and elected officials to discuss the value of working together to establish such an agency. To learn more about child care issues, contact the Program Development Department at the Kiwanis International Office. To learn more about resource and referral agencies, contact the National Association of Child Care Resource and Referral Agencies, (507) 287-2020 or 285-1523.

FOCUS PROJECT:
Develop a Reading Is Fundamental (RIF) Program

RESOURCES REQUIRED:
Funding—Moderate
Hours—Moderate
Personnel—Moderate

Children don't learn to read if they aren't exposed to books. Part of the solution, therefore, is to make sure that children—especially those who don't have books at home—receive a book to take home. That is where Reading Is Fundamental (RIF) enters the picture.

The RIF program puts books in the hands of children, to excite them about books and motivate them to read. A club can develop a RIF program for a preschool, Head Start program, or kindergarten. Many clubs have done so over the years. Although RIF is a U.S. organization, the information on how to set up the program can be used by a club in any country.

A service bulletin on setting up a RIF program can be requested from the Program Development Department at the International Office.

PROJECT:
Set Up a Storyline Phone

RESOURCES REQUIRED:
Funding—Low
Hours—Moderate
Personnel—Low

As many libraries have already discovered, children love to hear stories over the phone. For a child whose parents cannot read to him or her, this may be the only way to hear a story each day. This is a simple project. If the library agrees to cooperate, the club purchases a phone machine that plays a tape over and over, pays the monthly charge for the phone line, and promotes the new "Storyline." If there are club members in good voice, they can help record the stories. Libraries report heavy use of their storylines, before and after school, at bedtime, and at times when children are asleep!

PROJECT:
Assist with Program Accreditation

RESOURCES REQUIRED:
Funding—Variable
Hours—Variable
Personnel—Variable

Early childhood development and education is delicate work requiring a high degree of sensitivity to the needs and conditions of young children. Kiwanis clubs can help make the community aware of early education programs that have committed to a high-quality curriculum by being accredited by the National Association for the Education of Young Children (NAEYC).

This may be accomplished by publicizing accredited programs, highlighting the importance of quality programs for all children, and making club members and other business leaders aware of the value of investing in early childhood programs.

Further, clubs can help other centers and programs become accredited by working with local NAEYC affiliates, thus increasing the number of high-quality resources in the community. Some of the ways clubs might participate include raising funds to help the center cover accreditation fees and materials; helping the center maintain a qualified staff by helping it provide adequate salaries and benefits; assisting with improvements and upgrades to facilities to meet health and safety standards; assisting in training for staff members; and helping obtain educational materials appropriate for the ages and numbers of children enrolled.

More information on NAEYC accreditation can be obtained by contacting the National Association for the Education of Young Children at (800) 424-2460.

PROJECT:
Distribute Materials That Promote Reading

RESOURCES REQUIRED:
Funding—Moderate
Hours—Moderate
Personnel—High

The Youth Plus literacy program has assembled a list of books, brochures, and posters that help parents encourage their children to read. These are materials that a club could distribute directly to parents or purchase and place in a library. They tell about pre-literacy activities, controlling television viewing time, and tips for improving reading. Request

Publications to Help Parents Encourage Their Children to Read from Youth Plus at station WQED, in Pittsburgh, (412) 622-1491.

PARENT EDUCATION AND SUPPORT

As every parent knows, once the baby arrives, life is never the same. The changes and stresses are sometimes difficult for any parent, but being prepared can help. Parents need to understand why a baby behaves as it does, what they should do for him or her, and how to cope when a baby continues to cry. Parents need to cope with everything from teething to tantrums, from childproofing the house to a safety seat for the car. They may need help to do all this, and Kiwanis can provide the information or make sure a helping hand is available.

A club or division that decides to develop an ambitious parent support program will want to contact the Family Resource Coalition, (312) 726-4750. This organization provides technical support for family assistance organizations throughout the country and publishes highly informative materials, including a resource guide titled *Programs to Strengthen Families*.

FOCUS PROJECT: **Sponsor a Parenting Fair**

RESOURCES REQUIRED:
Funding—High
Hours—High
Personnel—High

The purpose of a parenting fair is to show parents all the resources available in the community. The more services and organizations available to parents, the larger the fair will be. Give-aways, lectures on parenting, or special events can draw a large number of people to a parenting fair. Once the parents come, the exhibitors will have their chance to educate and inform.

A service bulletin on parenting fairs can be requested from the Program Development Department at the Kiwanis International Office.

FOCUS PROJECT: **Awareness and Prevention of Child Abuse**

RESOURCES REQUIRED:
Funding—Low to moderate
Hours—Moderate
Personnel—Moderate

To eliminate child abuse, society must understand that child abuse occurs and that it is unacceptable. Clubs can initiate an awareness campaign to help people understand the different kinds of abuse and establish a clear public attitude. Activities can range from a survey of family support resources in the community to arranging for proclamations in support of Child Abuse Prevention Month (April).

Clubs can also develop awareness activities that encourage parents to enjoy positive experiences with their children. Projects include distribution of a month-long list of parent-child activities to club sponsorship of outings and a "Messy Fun Day."

A service bulletin on awareness activities (PO #10) is available from the Program Development Department at the Kiwanis International Office.

FOCUS PROJECT: **Parenting Education**

RESOURCES REQUIRED:
Funding—High
Hours—Low to High
Personnel—Low

Just as parents-to-be attend a series of classes to prepare for childbirth, many parents would profit from classes on some of the questions that develop after mother and baby come home from the hospital. There are a number of professionally developed and run programs designed for new parents, all parents, or parents in crisis. A Kiwanis club could help sponsor one of these programs in the community.

A club also could develop less formal parenting classes using local resources, purchase a videotape education program, or support distribution of a parenting newsletter.

For information on all of these forms of parenting education, request service bulletin PO #13 from the Kiwanis International Office.

PROJECT: **Start a Parent Helpline**

RESOURCES REQUIRED:
Funding—Low to moderate
Hours—Moderate
Personnel—High

Fifty years ago, a new parent lived in a stable community where most people knew one another. The parent received advice from other members of the community, whether it was desired or not. By the same token, it was easy to see how other parents coped with their children. Today, many parents feel isolated. They have no one to talk to for advice or just to vent frustration.

One way to help these parents is to provide a telephone resource. Hotlines exist in most communities to deal with crime, drug abuse, emotional problems, or safety concerns. Thus, it is generally easy to learn about the logistics and costs of setting up a hotline. There is a potential to draw funds and experts (for training and overseeing the telephone volunteers) for this project from the large number of organizations that deal with families: hospitals, family physicians and pediatricians, child welfare and abuse groups, the mental health association, and family-oriented businesses. Kiwanians and other volunteers can man the phone after formal training. They should be equipped with a list of organizations and professionals who are willing to accept referrals.

FOCUS PROJECT: Parents Anonymous

RESOURCES REQUIRED:
Funding—Moderate to high
Hours—Variable
Personnel—Moderate

Parents Anonymous helps families by offering free, professionally facilitated, peer-led support groups for parents with abuse problems. The philosophy of the organization is that parents have the ability to heal themselves by seeking solutions to their problems within themselves.

Kiwanis clubs can support Parents Anonymous groups or help start new groups. Service bulletin PO #12 suggests support activities that range from volunteer administrative support to fund-raising. Request the bulletin from the Kiwanis International Office.

FOCUS PROJECT: Shaken Baby Syndrome

RESOURCES REQUIRED:
Funding—Low
Hours—Low
Personnel—Low

Each year babies are permanently disabled or killed by parents and care givers who don't understand the fragility of a young child's brain. By shaking a child, tossing him up in the air, or bouncing him on a knee, an adult can cause permanent brain damage.

Clubs can prevent Shaken Baby Syndrome (SBS) through a public education campaign on the dangers of shaking babies. Service bulletin PO #11 contains a brochure ready to be reproduced and scripts for radio public service announcements. Information on other SBS materials available for purchase is also included in the bulletin.

PROJECT: Start a Family Resource Library

RESOURCES REQUIRED:
Funding—Moderate to high
Hours—Low
Personnel—Low

Some hospitals, churches, and public libraries have set aside a bookshelf or a room for a family resource library, a collection of books and pamphlets that offer guidance to parents. If a club discovers that there is no family resource library in the community, it could work with any of the organizations mentioned above to develop a library. Books, newsletters, magazines, and videotapes on parenting belong in this library. For a short list of recommended materials, contact the Program Development Department at the International Office.

FOCUS PROJECT: Initiate a Home Visitation Program

RESOURCES REQUIRED:
Funding—High
Hours—High
Personnel—Low to moderate

Home visitation programs were discussed in the maternal and infant health section as an excellent method of educating and guiding young women toward healthy pregnancies. These programs work equally well guiding men and women through parenthood. To learn more about home visitation programs, request service bulletin PO #17 from the Kiwanis International Office.

PROJECT: Develop a Family Resource Center

RESOURCES REQUIRED:
Funding—High
Hours—High
Personnel—High

One of the most ambitious projects a club or division could undertake is to set up a family resource center. A center could provide all the services that have been described here, and it would offer other forms of counseling and support. To learn more about the logistics and financial concerns of setting up a center, purchase *The Family Resource Program Builder* from the Family Resource Center.

PROJECT:
Establish a Respite Care Program or Center

RESOURCES REQUIRED:
Funding—High
Hours—High
Personnel—High

When a parent needs to get away from a child—for his or her own sanity and the safety of the child, a respite care center or crisis care nursery could prevent a tragedy. The simplest form of respite care is a "Mother's Morning Out" or "Friday Night Out" program, at which parents can leave a young child for a few hours, once a week, to have time for themselves. These function as a dependable child care service and can serve everyone who wishes to participate in the program. An individual with a background in early childhood development could set up such a program.

The optimum program is open around the clock, provides counseling for the parent, and has enough space that no one is ever turned away. It will serve parents who fear they will not be able to control themselves if their children remain with them. Setting up a respite care program requires the expertise of a social worker, to make sure the program meets state requirements, and trained personnel. For information on crisis care centers, contact the National Exchange Foundation (419) 535-3232.

PROJECT:
Set Up a Family Development or Family Literacy Program

RESOURCES REQUIRED:
Funding—Moderate to high
Hours—High
Personnel—Low to moderate

A child who is excited about school and wants to learn may be discouraged by his parents' attitude and limited ability to help. This can continue an unfortunate cycle that sentences each generation to poor education and poverty.

To counter this problem, several organizations have developed programs that teach parents how to support their children's learning. Many concentrate on developing literacy in parents as the children prepare to learn to read. Others take a broader view of the skills the parents need to develop. Described below are several of these programs, which Kiwanis clubs could help bring to their communities. Information on other similar programs is available from the International Office.

Two of these programs require significant expenditures, for an office or classroom, transportation, staff, and materials. But they also have a significant impact on the families involved.

HIPPY—The Home Instruction Program for Preschool Youngsters (HIPPY) is a two-year program for educationally disadvantaged children four and five years old. Every other week a paraprofessional visits the home and works with the mother and child. On alternate weeks, the mothers meet together with the paraprofessionals and the program coordinator as a support group. HIPPY focuses on the school-readiness skills children need for a happy, successful school experience. The step-by-step instructions develop parents' confidence in their teaching abilities and encourage positive interaction with their children. The HIPPY program was developed in Israel and is used in Chile, Holland, Turkey, Germany, and the United States. To learn more about the HIPPY program, contact the National Council of Jewish Women Center for the Child, (212) 645-4048.

Laying the Foundations: A Parent-Child Literacy Kit—This literacy kit was developed by Push Literacy Action Now (PLAN), a local literacy development program in Washington, DC. PLAN discovered that many parents wanted to help their children immediately. They couldn't afford to wait three years to develop their own skills. So, PLAN developed a kit that parents could pick up and use immediately. The kit provides guidelines for a parent-child reading curriculum that teaches a non-reader how to read children's books and how to utilize community education resources. Also in the kit are a simple story book with accompanying cassette tape, an easy-to-read pamphlet titled *Learning and Reading Tips for Parents*, and a book that the parent and child complete together. A kit costs $24.95 and can serve as the basis for developing a local program, or quantities of the kit can be ordered at a reduced price. To learn more, contact Push Literacy Action Now, (202) 547-8903.

Kenan Trust Family Literacy Project—Three days a week, undereducated parents go with their three- and four-year-old children to a school where learning takes place for both parents and children. The children attend a preschool class while the parents sharpen basic skills, undergo employment training, and learn about parenting. This program does more than teach the parents and children; it encourages them to learn together, which strengthens the family and develops the family members' roles as learners and teachers.

The Kenan program is staffed by an adult education teacher, a preschool teacher, and a preschool assistant, who must be trained for two weeks. Setting up such a program requires considerable funding and should involve government support. A booklet is available on possible funding sources. To learn more about the Kenan program, contact the National Center for Family Literacy, (502) 584-1133.

Reading with Children—Reading with Children is a program that helps adults improve their own reading skills by preparing them to read to children. Developed by Literacy Volunteers of America, the program kit includes a trainer's guide, a handbook for literacy tutors, and a videocassette showing how to use the program. The kit could be used in a literacy program, library, or Head Start program. A club can order the kit for $95, from Literacy Volunteers of America, (315) 445-8000.

SAFETY AND PEDIATRIC TRAUMA

One minute, she's playing happily; the next minute, there's a scream. The parents rush to their child, too late to prevent the accident but wishing they could. There may be dozens of crises like this in a parent's life, but it only takes one to permanently injure or kill a child. That is why parents and children need safety education.

In the United States in 1988, 3,900 children ages four and under died because of accidental injuries. Forty-five times that number were hospitalized. Some 1,300 times that number went to hospital emergency rooms, and twice as many were treated at home. The leading causes of death for children one to four years old are motor vehicles, fires/burns, drownings, chokings, poisonings, and falls.

When a serious accident does occur, special expertise and equipment may be needed to save the child's life. That is why a pediatric trauma center should be linked to every community.

PROJECT:
Set Up a Safety Seat Loan Program

RESOURCES REQUIRED:
Funding—Moderate
Hours—Low
Personnel—Low

In a car that collides with a stationary object at thirty miles per hour, an unrestrained baby will suffer injuries equivalent to falling from a third story window. That is why every child should ride in a car seat.

Some parents cannot afford to purchase a safety seat, and children visiting grandparents often don't bring a car seat along. Even when a family purchases a safety seat, it sometimes isn't used because it's inconvenient or the baby is crying.

Kiwanis clubs can make sure that safety seats are available to everyone in the community by setting up a safety seat loan program, described in a service bulletin available from the Program Development Department at Kiwanis International. The bulletin includes material for promoting the use of car seats.

FOCUS PROJECT:
Distribute a Home Safety Checklist

RESOURCES REQUIRED:
Funding—Low to moderate
Hours—Low
Personnel—Low

The possible hazards in a home are so numerous that parents often are not aware of them until tragedy strikes. A safety checklist can help parents identify and correct potential dangers in their homes.

Clubs can distribute this checklist to parents by reproducing the "Home Safety Checklist," which is available from the Program Development Department at the International Office. The checklist can be distributed in a number of ways: through preschools, hospitals, supermarkets, child care centers, or anywhere parents of young children may be found. The checklist targets potential dangers throughout a home, from the garage and basement to the child's bedroom and outdoor play areas.

FOCUS PROJECT:
Educate the Community About Scald Burns

RESOURCES REQUIRED:
Funding—Low
Hours—Low
Personnel—Low

Young children suffer scald burns very quickly because their skin is so thin—and it happens to young children more than half a million times a year. A club can promote the installation of anti-scald safety valves (that prevent tap water from reaching scalding temperatures) and work toward changes in plumbing codes to reduce maximum hot water temperatures in new construction to 120 degrees Fahrenheit. A service bulletin on scald burns is available from the Program Development Department at the Kiwanis International Office.

FOCUS PROJECT:
Conduct Smoke Detector Safety Checks

RESOURCES REQUIRED:
Funding—Low to moderate
Hours—Moderate
Personnel—Moderate to high

One-third of the smoke detectors installed in houses don't work. If a fire occurs, they won't make a sound, because most smoke alarms still contain their original batteries, from three, five, or even ten years ago. A simple project can solve this problem: go door-to-door and offer to check the batteries in smoke detectors and install new batteries where needed. Families also need education about their smoke detectors.

A service bulletin on the smoke detector check and replacement project can be obtained from the Program Development Department at the International Office.

PROJECT:
Initiate a Drown-Proofing Class for Young Children

RESOURCES REQUIRED:
Funding—Low
Hours—High
Personnel—High

Young children are fascinated by water. No matter what the weather, how they are dressed, or how deep it is, they want to get into it. However, many young children don't know what to do in water over their heads.

Many Red Cross chapters and YMCA facilities have swimming lessons for young children and their parents. The purpose of these programs is to develop in the children the techniques and confidence necessary to stay afloat. A club could work with the local Red Cross or YMCA to offer this program, perhaps subsidize it, and promote the program to ensure full classes.

PROJECT:
Distribute Choke-Test Tubes

RESOURCES REQUIRED:
Funding—Low to moderate
Hours—Low
Personnel—Low

An adult learns about an object by looking at it. A young child learns about it by putting it in his mouth. Telling a toddler to stop putting objects in his mouth has little or no effect. The proper safety precaution is to make sure the child doesn't play with toys on which he could choke, and there is a device—called a choke-test tube—that helps parents determine this. The choke-test tube was originally used by the federal government and toy manufacturers: if a toy—or the smallest piece of a toy—fit inside the tube, it was labelled unsafe for children ages three and under.

Today, the choke-test tube is available to parents and teachers from a mail order company called Lakeshore Curriculum, at a cost of $1 each. A club could purchase a quantity and distribute them as a service to parents. This could be a project by itself, or it could be part of a parenting fair or seminar. To order tubes, call (800) 542-8338.

PROJECT:
Educate the Community about Poisons

RESOURCES REQUIRED:
Funding—Low to moderate
Hours—Moderate
Personnel—Low

The same impulse that leads a child to swallow a toy may impel him to drink or eat a poisonous substance. Clubs can help parents through an awareness campaign that reminds them to keep paints, cleaning compounds, beauty aids, and even house plants out of the reach of their children. "Mr. Yuck" stickers can be distributed, so that parents can label poisonous substances with a consistent warning that they discuss with their children. Finally, a club could print and distribute copies of a chart that tells parents what to do if their children consume a poisonous substance.

Educational pamphlets on poisons, designed for distribution in the community, are available from the National Safety Council, (800) 621-7619 or (312) 527-4800, and the American Academy of Pediatrics, (800) 433-9016 or (800) 421-0589 (Illinois residents only).

PROJECT:
Install Gates and Bars to Prevent Falls

RESOURCES REQUIRED:
Funding—Low
Hours—Moderate
Personnel—Moderate

Safety devices that prevent falls are quite simple and obvious. A gate at a stairway will keep a child from trying to climb up or down. A bar across a large bay window will keep a child from leaning against a screen—and falling through it. Some families need assistance in purchasing or installing these devices. A club could advertise its willingness to help families solve such safety problems and send out a fix-it team to respond to each call.

PROJECT:
Set up a Program to Train Baby-Sitters

RESOURCES REQUIRED:
Funding—Moderate
Hours—Moderate
Personnel—Low

A baby-sitter needs to do more than simply watch a child under her care. She needs to know how to prevent injuries and respond decisively to accidents. The "Safe Sitter" training program teaches young people eleven to thirteen years old how to care for children. The course instructs how to deal with medical emergencies, the responsibilities of safe baby-sitting, age-appropriate entertainment, and the basics of starting a business. Finally, it concludes with a rigorous exam.

A club interested in establishing a "Safe Sitter" program should work with a hospital, school, library, or youth agency. The program must be run by a certified instructor and requires a CPR mannequin, dolls, diapers, baby bottles, and other equipment. Initial certification costs $350, and training is $50 per person, plus travel. Three or four people should be trained. To learn more about the "Safe Sitter" program, call (800) 255-4089 or (317) 353-4888.

FOCUS PROJECT:
Support a Pediatric Trauma Program

RESOURCES REQUIRED:
Funding—Variable
Hours—Variable
Personnel—Variable

Doctors have discovered that children's responses to injuries are different from adults. To properly treat a severely injured child requires special techniques and equipment. Doctors must understand the different types of injuries that can occur to a young body, a child's unique response to blood loss, and the appropriate drug dosages. Often the child can't explain what is wrong, and his or her emotional reaction can be severe. Even the equipment must be a special size to fit the child. A hospital that treats only a few seriously injured children each year may not be prepared to meet these special needs, and that can mean the difference between life and death.

That is why Kiwanis clubs in six districts have worked with leading children's hospitals to set up pediatric trauma centers. These centers then offer support to other hospitals and develop a coordinated system to ensure that severely injured children throughout the state or states receive the care they need. The most advanced program is in New England, where the Kiwanis district helped found the Kiwanis Pediatric Trauma Institute, the first pediatric trauma center in the world. This program has developed several ways for Kiwanis clubs to provide support, including fund-raising, training for medical personnel, equipment purchases, and building of landing pads. For more information, request service bulletin PO #8 from the Program Development Department at the International Office.

Fund Raising—Establishing a significant program in a major children's hospital requires that the Kiwanis district raise at least one-quarter of the funds needed. Depending on the district and the size of the program, the annual commitment could be $50,000 to $250,000 a year, requiring every club in the district to make significant contributions.

Training Programs—The way children are treated from the moment help arrives, the accuracy and speed of the information radioed back to the hospital, the time spent arranging for transportation to a tertiary care hospital—all of these can have a significant impact on a child's recovery. For this reason, clubs have sponsored training programs for emergency medical technicians and nurses or arranged for doctors to attend meetings sponsored by the pediatric trauma center.

Equipment Purchases—Ambulance equipment that fits an adult may be useless for a child. Many clubs help purchase pediatric equipment for ambulances or local hospitals.

Landing Pads—To ensure that a severely traumatized child can quickly be transported from the local hospital to the tertiary care center (the pediatric trauma center), clubs have built helicopter landing pads near their hospitals.

FOCUS PROJECT:
Support the Children's Miracle Network Telethon

RESOURCES REQUIRED:
Funding—Variable
Hours—Variable
Personnel—Variable

The Children's Miracle Network was created by the Osmond Foundation to alleviate children's hospitals' immense financial burdens. The Children's Miracle Network sponsors a telethon each year during the first weekend in June for children's hospitals and other hospitals with a strong emphasis on pediatrics that are members of the Children's Miracle Network.

The Children's Miracle Network Telethon is unique. It is broadcast nationally from Disneyland in Anaheim, California, and on more than 160 different local telethons throughout the

US and Canada. All funds raised locally go directly to the children's hospital in the community where the money was raised. None goes to a national office.

Kiwanis International has been a national sponsor since the telethon was founded in 1982. Kiwanis clubs have raised several million dollars for children's hospitals since then.

A club might consider starting any number of *Young Children: Priority One* programs at an area children's hospital, and donate the funds raised for it through the Children's Miracle Network Telethon. (Be sure that the hospital is a member of the Children's Miracle Network.) By doing so, the club would be supporting two official programs of Kiwanis International.

Club members should discuss with the hospital's telethon coordinator the possibility of setting up a special Kiwanis *Young Children: Priority One* fund, so that the club can have a better idea of how its funds are impacting the well-being of young children.

A service bulletin on the Children's Miracle Network Telethon, which explains the telethon in greater detail, is available from the Program Development Department at the International Office.

OTHER AREAS OF NEED

Many areas of need are not directly addressed in this idea list. The number of homeless families is increasing at a shocking rate. Handicapped children need special services. Children in the court systems need better representation. There are many other problems that the public should understand better. No matter what need a club decides to address, it can contact the Program Development Department at the International Office and ask for whatever information is on file. In addition, the club can help many other clubs by sharing what it learns and the project it develops with the District Chairman for *Young Children: Priority One* or the International Office.

Project Idea Summary

Resources Required	Maternal and Infant Health	Child Care and Development	Parent Education and Support	Safety and Pediatric Trauma
High	**Home visitation** New health care services "Baby Your Baby"	Resource & referral agency Expand child care services HIPPY Kenan Family Literacy Project	**Parenting Fair** Parent helpline Home visitation Family resource center Respite care **Parenting education**	**Pediatric trauma training & equipment helicopter pads family network**
Moderate	**Immunizations** **Smoking awareness** Public education Health screening Prenatal health education in the workplace **Lead Poisoning**	**Support of child care provider, preschool, or Head Start** Awareness campaign **Reading Is Fundamental** NAEYC accreditation	**Parents Anonymous** Parent support Family resource library **Awareness & Prevention of Child Abuse**	"Safe Sitter" training **Safety seat loan program** Drown proofing **Scald Burn Campaign** **Children's Miracle Network Telethon**
Low	Literature distribution Child health day proclamation **Alcohol awareness**	Purchase items for preschool or care provider Library storyline Promote reading	Literature distribution **Shaken Baby Syndrome**	**Smoke detector checks** Choke test tubes Poison prevention Fall prevention **Home Safety Checklist**

Service bulletins are available for the highlighted projects.

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
U.S.A

(317) 875-8755 Worldwide
(317) 879-0204 Fax
(800) 879-4769 North America

YOUNG CHILDREN: PRIORITY ONE

ORDER FORM

Use this form to order any materials you need for developing
a club project that addresses needs of young children.

SERVICE BULLETINS

Detailed instructions for implementing service projects. Limit 5 each.

Quantity	Title	Quantity	Title
______	Reading Is Fundamental (PO #1)	______	Prevention of Child Abuse (PO #10)
______	Head Start (PO #2)	______	Shaken Baby Syndrome (PO #11)
______	Scald Burns (PO #3)	______	Parents Anonymous (PO #12)
______	Smoking Awareness Campaign (PO #4)	______	Parenting Education (PO #13)
______	Parenting Fair (PO #5)	______	Immunizations (PO #14)
______	Children's Miracle Network Telethon (PO #6)	______	Alcohol Awareness (PO #15)
______	Smoke Detector Safety (PO #7)	______	Preventing Lead Poisoning (PO #16)
______	Pediatric Trauma (PO #8)	______	Home Visitation Programs (PO #17)
______	Home Safety Checklist (PO #9)	______	Safety Seat Loan Program (YS #29)

OTHER ITEMS

Quantity	Item
______	Fact Brochures (in sets of 50—limit 2 sets)
______	Tip Sheets on Fundraising, Evaluation, and Coalitions
______	Needs Assessment Survey Cards
______	List of District Chairmen for *Young Children: Priority One*
______	List of *Priority One* Advisory Council Members
______	Project Idea List

SHIP TO:

Name ______________________________

Address ______________________________

____

Kiwanis Club of ______________________________

Phone ______________________________

RETURN THIS FORM TO:
Program Development Department
Kiwanis International Office
3636 Woodview Trace
Indianapolis, IN 46268-3196

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Reading Is Fundamental

The Problem

Children who grow up in homes where parents do not read, or have only marginal reading skills, often lack early exposure to reading. They do not have stories read to them by a parent. They do not see books or print materials in their homes. They often do not have parental help with school work.

Because of this widespread lack of reading skills, nearly one-third of all young families are poor, and millions are unemployed. More than one million teenagers become pregnant each year. Scores of adolescent parents do not have a high school education or the basic skills needed to find a job. One-fourth of all families are headed by single parents, many of whom are women with an eighth grade education or less.

Some 15 million children live in these households, and the cycle of illiteracy often is perpetuated. A child in this environment enters school with little understanding of the importance of reading. In short, these children have little motivation to learn to read, and the result, as statistics on adult illiteracy indicate, is that many never learn.

Educational research repeatedly has recognized the importance of introducing early learning and literacy, the value of reading for pleasure, and the need for adult role models. Access to books remains a key factor in children's reading achievement.

The RIF Program

Reading Is Fundamental, Inc. (RIF) is a U.S. nonprofit, nationwide organization that brings children and books together in order to help young people acquire the habit of reading at an early age.

From headquarters in Washington, D.C., Reading Is Fundamental supports RIF projects at more than 11,000 locations throughout the United States, Puerto Rico, Guam, and the Virgin Islands. Projects are sponsored by local nonprofit groups, such as PTA and Kiwanis clubs, or public agencies, such as schools and libraries.

RIF negotiates substantial discounts on a nationwide scale with more than 350 book publishers and distributors. Sponsoring groups select and purchase the books and administer the program in their communities. A local program makes reading exciting and allows children to choose books to take home, to read and to keep, without cost to the children or their families. As a result, RIF does more than help local sponsors distribute books to children — it develops a better educated, better informed public. Children who read grow up to become adults who can read.

RIF Resources — RIF will help Kiwanis clubs develop and operate projects and offers these resources:

- A film on loan to introduce RIF to the community and to help the club raise funds.
- The RIF Newsletter, sent three times a year, and "Ideas and Reminders," a newsletter insert, which shares ideas among several thousand RIF projects.
- *The RIF Handbook: How to Run a Successful Reading Is Fundamental Project*, which offers step-by-step technical help on how to select and order books, raise funds, and motivate reading. It comes in a loose-leaf format that is easy to revise and update. The handbook is provided to a RIF project once its proposal has been approved.
- A member of the RIF Program Services staff, assigned to review your club's proposal, answer your questions, and give advice on making your project effective.

The Role of Kiwanis

Kiwanis clubs can change the future by giving young children the gift of reading.

To support the Major Emphasis Program's focus on children prenatal through age five, clubs should implement RIF projects in centers and schools that serve young children. Clubs can decide how many children to help, what books to order, what activities to provide, and how to raise funds.

Organizing a RIF Project

RIF requires potential sponsors to submit a program proposal for authorization to begin or renew a project. Kiwanis clubs that plan to undertake RIF projects will need to go through these steps:

Contact local agencies to select a site — A Kiwanis-sponsored RIF project should serve children ages three through five. A club might approach a preschool, child care center, Head Start agency, or any facility that works with youngsters who are not ordinarily exposed to books at home.

A club also could seek advice on an appropriate site from the state Association for the Education of Young Children and the regional Head Start office. Any program that serves low income families is a likely place to find children who would benefit from a reading project.

Gain approval from the targeted institution — Explain RIF to the manager or administrator and obtain support to begin the program, pending RIF's approval of the club's program proposal. Explain there is no cost to the facility or the children's families.

Decide how many children will participate — Decide which children the club wants to reach and how many. The club may have RIF projects at more than one location.

To determine how many children the club can serve, consider these factors:

- The number of children available in a selected group.
- The amount of money the club can spend or raise.
- The amount of work the club is willing to do.
- RIF's requirement that all children in a designated group be served, regardless of income, delayed language skills, or other factors.

Choose a program — The club must decide whether to conduct a RIF project for the summer, the school year, or as a year-round program. Book distribution, depending upon which program the club selects, will vary from at least two to five books for each child.

If you are operating a:	*You will need to give at least:*
school year program	3 books through 3 distributions
summer program	2 books through 2 distributions
year-round program	5 books through 3 distributions

Order extra books to allow children a choice.

__________ X __________ (+ 10%) = ______________

children books/child books

Books for young children are about $1.50 after discount

___________ X $1.50 = $______________

books needed cost for books

Determine the expense — In order to develop a budget, estimate the number of books you will need.

Other expenses may include postage, photocopying, decorations, refreshments, and materials for motivational activities. Not all these are necessary, and your club may find there are businesses that wish to help.

To make certain that RIF projects will be adequately funded, the proposal asks applicants to declare the amount of money on hand and the amount that will be raised. The smallest budget RIF will approve is $200. After a RIF budget has been developed, present it to the club's board of directors for approval. The club can supplement its own fund-raising ideas with others offered in the RIF Handbook.

Plan publicity — Decide how the club will relay information about the RIF program to the children's families. The publicity chairman may wish to send letters home with the children, send news releases to local newspapers, or display posters.

Involve parents and the community — Decide how the club can involve parents in the program. Your club might invite them to help with the planning, fund raising, book selection, motivational activities, or refreshments. RIF recommends that the sponsoring group invite parents, librarians, and teachers to be involved in book selection, as well as staff members from the facility the club chooses to serve.

Submit a program proposal — Reading Is Fundamental requires potential sponsors to complete a program proposal for authorization to begin or renew a RIF program. The questionnaire seeks to ensure each project's success by asking the sponsoring group to determine each of the areas discussed above — the type of program it wishes to undertake, the number of children in the program, the anticipated expense, approval from the targeted facility, how it will publicize the project, and community involvement.

Kiwanis clubs that decide to establish a RIF project should request a program proposal and instructions from the Reading Is Fundamental Office in Washington, D.C. A club may call or write, using the form on the back of this bulletin.

Make committee assignments — To give committees an overview of the program, the club might show the RIF introductory film and circulate back issues of the RIF Newsletter and "Ideas and Reminders." Each reading project is organized a little differently, but the following are areas for which a committee should be formed.

Book selection — RIF requires a committee of at least three persons to select books for distribution and recommends that it include teachers, librarians, and parents. Those who select and order books should try to match books to children and be sensitive to community standards. Some 4,000 new juvenile titles are published each year, so selection is a task that takes time and consideration.

RIF arranges for more than 350 publishers and distributors to supply books to local projects at sizeable discounts, and the book selection committee may order only from those suppliers. RIF also provides a book supplier profile that lists discounts and a description of the types of books in which each supplier specializes, such as particular reading levels, specific ethnic and religious heritages, sports, or classics.

Motivational activities — Members in charge of motivational activities, which take place at book distributions, will want to emphasize fun in order to achieve the serious purpose of encouraging children to read for pleasure and information. They should plan imaginative activities to spark interest in reading, such as bringing in a local storyteller or inviting special visitors — an athlete, a fire fighter, the mayor — to talk about their work and why reading is important to them. The special guests might read their favorite stories to the children.

Other possible activities are puppet shows, reading marathons, poster or billboard contests, parades of costumed storybook characters, illustrating books on posters or bookmarks, inviting children to pack lunch for a RIFnic, and videotaping book distributions to be shown over local television stations. RIF's "Ideas and Reminders" offers hundreds of ideas.

Book distribution — Working closely with other RIF committees, the book distribution committee could hold the event in the facility's activity room, at the zoo, a park, or a playground. Not all distributions need to be elaborate, but members generally will want to decorate the site and serve refreshments. The chairman might invite parents, Key Club or Builders Club members, or the elderly to help with a distribution. Book distributions are particularly rewarding because members see firsthand the positive effects of children choosing a book to take home and keep.

Publicity — The chairman can promote the club's reading program by sending news releases to the local newspaper, inviting the paper's photographer to snap a picture at a book distribution, or sending a letter home with each child.

Promoting RIF Services for Parents

For parents who read and want to increase their children's interest in reading, a Kiwanis club can purchase and distribute RIF material:

Parent Guide brochures, $15/100 of each publication, 50 cents/single copy — The list includes:

Encouraging Soon-To-Be Readers
Reading: What's in it for Teenagers?
Children Who Can Read, But Don't
Upbeat and Offbeat Activities to Encourage Reading
TV and Reading

FOR IMMEDIATE RELEASE

KIWANIS CLUB OF SANDUSKY
CONTACT NAME: Bill Bright
TELEPHONE: 752-6945

SANDUSKY KIWANIS CLUB SAYS READING IS FUNdamental

On Friday, November 2, children at the Westwood Child Care Center will meet Little Red Riding Hood, Cinderella, the handsome prince, and a host of other classic characters at a storybook parade that will introduce the Sandusky Kiwanis club's Reading Is Fundamental (RIF) project.

RIF, a nonprofit, nationwide program that encourages reading, will be in high gear throughout the year for boys and girls at the center. The club plans to hold three book distribution parties, which will feature a variety of storytellers and activities to encourage the youngsters to read for fun. At each party, the children may select a book to keep at no expense.

"RIF has made thousands of young children avid readers," explained Sam Hall, president of the Sandusky Kiwanis club. "Our club wants to help make that happen here in Sandusky." He added that scores of communities have seen a dramatic change in students' attitudes toward reading. As children read more, they become active participants in the educational process. They also become a better educated, better informed public.

The club encourages parents to make reading a family affair and invites parents to the parade at 10:00 a.m. on Friday.

Prepare press releases, similar to this one, for local newspaper publicity. Be sure to type them, double-spaced.

Dear Parents:

Boys and girls at the Crooked Creek nursery school are participants in a reading program that stimulates children's interest in reading and makes it possible for kids to choose books they can keep as their very own at no charge.

The Kiwanis Club of Logwood, sponsor of the Reading Is Fundamental program (RIF), invites you to its first book distribution party at the nursery school on Thursday, December 11, at 9 a.m. Come and listen to local storyteller Miz Caroline delight the young audience with a surprising tale.

And please make reading a priority at home! Help your children develop reading skills while they are young, so they will have a lifetime of reading ahead.

Two other book distribution parties scheduled during the school year also will feature activities designed to increase your children's interest in reading.

RIF says:

- Read to your children and encourage them to read to each other. Set aside a time each day when everyone reads.
- Fill the house with books from the library, and with magazines and newspapers. Let your children see you reading.
- Introduce the children to the library, and make frequent visits.
- Set aside a bookshelf for each child.
- Provide a quiet corner where family members can curl up and read.
- Take books along wherever you go — to the store, on a bus, to Grandmother's house.
- Play games with words. Name words beginning with the same sound, words that end with the same sound, and words that rhyme.

Since 1966, RIF has made it possible for youngsters to choose, to own, and to read more than 75 million free books.

Have children deliver letters to their families. Urge parents to encourage reading at home.

Reading Aloud to Your Children
Choosing Good Books for Your Children
Reading Is Fun! Tips for Parents
Building a Family Library
Summertime Reading
Family Story Telling
Encouraging Young Writers

The RIF Guide to Encouraging Young Readers, $9.95 — Published by Doubleday, the guide contains hundreds of at-home activities suggested by RIF volunteers, an annotated booklist, and other resources to help parents stimulate their children's reading. Parents are encouraged to create a home environment in which books are friends and reading is a welcome pastime. The guide includes hundreds of ways parents can create such an environment in everyday family life. A club may purchase the guide from RIF or at a local bookstore.

Helping Your Children Become Readers, $5 — Ten ways parents can encourage children to read, available in English and Spanish, is camera-ready and may be reproduced in unlimited quantities in newsletters, letters, or fliers, and has space for a club to insert its name.

Promoting Other RIF Services

Growing Up Reading workshops — A Kiwanis club can sponsor a workshop or pay for local parents to attend one in another community. Workshops give parents an opportunity to hear nationally known speakers. Authorities on children's reading, award-winning children's authors, and local experts share practical tips at workshops across the country. The RIF office in Washington, D.C., sells a Leader's Guide on how to organize such an event.

Reading Is Fun Week — A Kiwanis club can promote the observance each year in late April. The RIF Handbook suggests proclamations from the mayor, bestowing a Certificate of Merit on deserving individuals or groups, and other successful ideas a club can adapt for its community.

Developing Family Literacy

Illiteracy is a family affair, and a full attack on the problem includes breaking the chain that perpetuates it from generation to generation.

A Kiwanis club that serves a community in which family literacy is an issue can enhance the RIF program in these ways:

- Providing one-on-one reading help to children whose parents cannot read.
- Arranging for storytellers and readers with whom the children can identify.
- Encouraging parent/child communication.
- Involving parents in their children's activities.
- Helping parents learn how to encourage reading.
- Urging parents to encourage student achievement, attendance, motivation, and behavior.
- Steering parents into adult literacy programs.

A Kiwanis club interested in developing a family reading program should contact one of the family literacy programs listed in the Project Idea List.

Clubs Outside the United States

Clubs outside the U.S. may purchase resource materials from the Reading Is Fundamental Office in Washington, D.C. Non-U.S. clubs are not able at this time, however, to purchase books for distribution through RIF.

Publications are available in English only, except "Helping Your Children Become Readers," which also is available in Spanish.

Interested clubs might ask the District Major Emphasis Program Chairman if a combined request from district clubs would lower the cost of materials or postage.

For More Information About Reading Is Fundamental

Call the RIF office in Washington, D.C., or send a photocopy of this form to:

Reading Is Fundamental, Inc. (RIF)
600 Maryland Avenue, S.W., Suite 500
Smithsonian Institution
Washington, D.C. 20024 202/287-3220

ORDER FORM

The Kiwanis Club of ______________________ wants to learn more about the Reading Is Fundamental program. We would like to receive:

___ An Information Packet.
___ The introductory film on loan, which we will return.
___ A program proposal & instructions.
___ The RIF Newsletter and "Ideas and Reminders."

Please send the material to:

Name: ______________________

Address: ______________________

____

Kiwanis International Office
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
U.S.A.

(317) 875-8755 (Worldwide)
(317) 879-0204 (Fax)
(800) 879-4769 (North America)

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Head Start

What is Head Start?

Head Start annually serves more than half a million children, from age three to school entry. By all measures, the program successfully meets its goal: to help break the cycle of poverty by addressing the needs of children from low-income families. Studies have shown that Head Start youth are more likely to receive diplomas, find employment, seek higher education, and express job satisfaction than their peers, while they are less likely to be held back in school, become pregnant during high school, or be arrested.

In 1964, Robert Cooke, then Chief Pediatrician of Johns Hopkins Hospital, wrote a report to the United States government that read, in part:

> There is considerable evidence that the early years of childhood are a most critical point in the poverty cycle. During those years, the creation of learning patterns, emotional development, and the formation of individual expectations and aspirations take place at a very rapid pace. For the child of poverty, there are clearly observable deficiencies in these processes, which lay the foundation for a pattern of failure, and thus a pattern of poverty throughout the child's entire life.

Project Head Start was designed in 1964 as a comprehensive program to meet the emotional, social, health, nutritional, and psychological needs of disadvantaged preschool children.

The curriculum focuses on teaching school readiness skills, self-confidence, and basic health habits, and must meet strict performance standards in five areas, as specified by the federal government.

Education and development programs address each child's individual needs and respect ethnic characteristics.

Health programs emphasize early identification of health problems. Medical, dental, and mental health services are provided free, and children may also receive a free meal.

Parent involvement is stressed to help educate parents about their children's needs and about good parenting skills, as well as involve them in everything from play time to policy making.

Help in obtaining social services from local agencies is provided because the more support these parents receive, the more time and attention they can devote to the needs of their children at this critical stage.

Service to handicapped children meet the needs of children with mental retardation, health, hearing, speech, or language impairments, visual handicaps, emotional disturbances, learning disabilities, and orthopedic handicaps. More than 10 percent of Head Start's enrollment consists of handicapped children.

Kiwanis and Head Start

Many Kiwanis clubs already have established relationships with local Head Start programs. In 1987-88, Head Start was designated the Governor's Project in the Kentucky-Tennessee District. The following two years, Head Start was suggested as a project that clubs throughout the United States could undertake. And it is one of the most popular projects for *Young Children: Priority One.*

The first step in supporting your local Head Start program is to contact the program director. Arrange a visit to discuss *Young Children: Priority One*, the resources of your club, the needs of the Head Start program, and how your club can address some or all of those needs. Then invite the director to present a program at an upcoming club meeting to inform your entire membership about the program and opportunities for working together. Once your club and the local Head Start program have agreed upon the support that will be given, make plans to complete your club project.

Kiwanis clubs can support Head Start in many ways, and the most popular project ideas are outlined in this bulletin. Three of the greatest needs among many Head Start programs are transportation for the children, and both funds and larger facilities to serve more children.

Eighty percent of Head Start's operating costs are provided by federal funding, but the other 20 percent must come from the community served. Head Start has a unique system that allows them to credit volunteer services, on a monetary equivalent, toward the local 20 percent needed. Kiwanis clubs can help not only by donating or raising money, but by contributing service.

Transportation

Many Head Start programs have vans or buses, but those who don't would welcome help transporting children. Children in outlying areas often can't attend because their parents can't arrange or afford transportation. Other children need transportation from the Head Start center to the doctor or dentist for individual medical care. Members could form a driving pool so that someone is available each day to take children where they need to be. Members also could "share a ride" with children in outlying areas, providing transportation on the way to and from the member's employment.

Another way clubs could help with transportation is to pay the regular maintenance costs (oil changes, tune ups, new tires) for vehicles the centers already own. Help with these costs will let the Head Start program use funds they would have spent on maintenance on more direct programs for the children.

More ambitious clubs may consider purchasing a van or bus or persuading a local dealer to donate one.

Health Care

Ninety-eight percent of the children served by Head Start receive free health care through Medicaid, but that means a few don't. Head Start arranges with local professionals for the children to receive medical and dental examinations each year, and follow-up care if necessary. In some areas, however, no local doctors or dentists will accept Medicaid. In those areas, even children entitled to free services — and certainly those who aren't — may not be getting the health care they need to help identify early problems.

Your club could help by covering the costs of examinations and recommended treatment for children whose families aren't eligible for Medicaid, or for all children in areas where no health professional will accept Medicaid.

Helping Teachers and Staff

The membership of every Kiwanis club is a valuable source of knowledge and experience, and Head Start programs would be glad for you to share your expertise with staff, parents, and the children.

Members can provide enrichment activities in areas where teachers and staff don't normally receive training. For example, a medical professional might teach first aid for young children, a psychologist or social worker might teach how to recognize child abuse, someone who works with the media could teach effective public relations.

Since many Kiwanians are professionals with excellent business skills and ties within the community, members might be asked to serve on the program's board of directors, policy council, or advisory committee. Some professional members can also help by providing services to the center or to the children at no cost or reduced rates.

There are many ways to assist that don't require any planning. They only require someone to visit the classroom who is willing to give whatever help is asked of them. These volunteers might be asked to assist in a wide range of activities, such as reading to the children, giving attention to a child with special needs, preparing bulletin board materials, checking children's height and weight, or record-keeping.

Assistance to Parents

Members could also be valuable participants in training and information workshops that all Head Start programs provide for parents. Kiwanians could even volunteer to organize and conduct a whole series of workshops for parents on job readiness skills, such as resume preparation and appropriate dress and conduct during an interview. The next step would be a career exploration program, which shares experience and information on several kinds of employment.

If parents are to attend Head Start workshops, they sometimes need transportation, an additional service clubs might provide. Work with sponsored youth clubs to provide babysitting, if that is also required.

Working with the Children

Members can also share their experience with the children. One way is to come into the classroom and tell them about particular careers or hobbies. Tell them what it's like to be a dentist, fireman, or secretary, or a stamp collector, gardener, or service club volunteer. Sharing hobbies is another good way to involve sponsored youth club members. Remember to keep your presentation simple and brief, and try to make it interesting for very young children.

Head Start programs conduct regular field trips that make the children aware of their community and introduce them to different types of activities they might pursue later in life. Kiwanians can help in several ways. Members can volunteer as chaperones to help supervise the children, and offer tours of their businesses or places of employment. Your club could cover the costs for a special field trip outside the immediate area, including meals, admission fees, and gasoline or a chartered bus.

Members also could form a "Kiwanis Caravan," offering their own vehicles and driving services for the trip.

Organize special activities for the children that supplement the daily routine and combine learning with fun. Conduct a puppet show, put on a short skit, or plan a picnic.

The Kiwanis Club of Morehead, Kentucky, with the help of graduate students from the local university's recreation department, organized and conducted a special event dubbed the Head Start Games. Decked out in their very own bright red "Head Start Games" T-shirts, youngsters participated in a Big Wheel race, relay races, a water balloon toss, and an obstacle course. At the end of the day, everyone got a blue ribbon for participating, so that all children were "winners." The day concluded with a picnic for the children, parents, and volunteers.

Improving Facilities

Service can also be donated for the general maintenance of or improvement to facilities. This might include simple tasks, such as hanging posters, painting a room, or mowing the lawn. More complex projects might require more planning, special skills, and team work: electrical or plumbing repairs, minor construction, installing or servicing office equipment, building or sprucing up playground equipment, or adding fencing or landscaping.

In inner-city programs, provide complete landscaping materials and services to turn a concrete playground into a place of beauty and relaxation. Some sand and dirt, a little grass seed, a few flowers, and a bird house can turn a dull, rock-hard playground into a nature study.

Purchasing Materials

Another way your club can support Head Start is to purchase special educational materials that will improve the staff's professional skills or give the children new opportunities for development.

Special educational materials for the children might include developmental toys and books or learn-while-you-laugh games and programs. For the teachers and staff, funds can be spent on valuable resource materials or training seminars. Each center has information on recommended materials and probably has a "wish list" of particular items that would be most useful.

Resource materials can be valuable for parents, too. Head Start parents may never have had the courage or desire to frequent the school library or public library. Your club could establish, at the Head Start center, a lending library of materials that parents can borrow and return on a sign-out basis. Topics should include basic, relevant topics like parenting skills, building healthy families, substance abuse prevention and intervention, job skills, and family nutrition. You could also make information from local social services available in your library.

Be sure to include easy-to-read materials, as some parents may not have good reading skills. You might surreptitiously include some items intended for children. Parents who read poorly could examine and understand these materials in the privacy of their own homes.

The center may need equipment for the office, classroom, and playground — items like a typewriter, copier, child-size tables and chairs, or special equipment for handicapped children. Solicit businesses to donate the necessary equipment whenever possible, or consider purchasing it as a club project. You could also consider covering costs for routine maintenance that may be required or recommended for some equipment.

Expanding Facilities

Currently, many eligible children are not being served in Head Start. This is mainly due to insufficient funding and insufficient space. Your club can have a major impact on these two problems and allow your local program to serve more children.

In Knoxville, Tennessee, the Downtown Kiwanis Club and the Head Start Program have collaborated for several years to solve one of these problems. They share a lovely, twenty-five-acre camp facility, which is owned by the club. During the summer, the club operates a camp for disadvantaged children. But during the school year, the camp is a Head Start center for 150 children. This relationship assures the Kiwanis club that the camp does not sit empty most of the year, and provides Head Start with a complete, ready-to-use facility for its programs.

Many Kiwanis clubs own buildings. If your club owns one that is not occupied for large portions of the day or year, consider making arrangements with Head Start to expand services so that a greater number of children can attend.

Another way to secure more room is to remodel an existing facility or build a new one. Whether you decide to refurbish or expand, it will take a good deal of capital. Conduct a fund-raising event or establish an ongoing campaign that involves not only local residents, but the business community as well.

CDA Scholarships

Every five children enrolled in Head Start, at least four parents are providing a volunteer service. These parents are given preference for nonprofessional staff jobs and training for a special credential called the Child Development Associate (CDA) Program. Nationally, one-third of Head Start's paid staff people are current or former Head Start parents, and the majority of these men and women are receiving CDA training.

The Child Development Associate National Credentialing Program gives Head Start staff the opportunity to receive credit for their work with the children toward the CDA credential. Once parents have completed the CDA training, they must go through an assessment process with the Council for Early Childhood Professional Recognition, but many low-income families cannot pay for this assessment. Clubs could help parents complete the CDA program by awarding CDA scholarships for full or partial costs.

CDAs work in Head Start centers, child care centers, and preschool programs, so the program benefits not only individual parents, but the entire child care system.

"Adopt" a Child or Family

Other ways to help children enrolled in Head Start is to "adopt" a child or even "adopt" a family. This means providing whatever assistance the family needs. It may include a good coat or shoes for the child or all children in the family, seasonal food baskets, home repairs, weather-proofing, or assisting the parents with job training and placement. The Head Start program director will be instrumental in helping you decide which child or family to "adopt." Once the relationship is formed, agree on specific goals and be prepared to make a long-term commitment to reach them.

Literacy

Illiteracy and functional illiteracy are great problems in our society. Illiteracy to any degree often leads to a poor self-image, lack of education, poverty, and crime. Many of the parents of Head Start children have poor reading skills they must improve in order to improve the quality of life for their families. These parents have taken an important step in the right direction by enrolling their children in Head Start, but the parents probably need help as well.

The most well-known volunteer activity for literacy is to become a personal tutor. Not everyone wants to be a tutor, but many other opportunities exist. Consult with your Head Start program and your local literacy program to see what would be most helpful when working with Head Start parents.

Head Start recently began encouraging participation in local family literacy programs. Family literacy has three goals: to improve parents' reading skills; to encourage an early interest in reading among young children; and to strengthen the family unit through reading together. Some programs take place in the Head Start center; others, in the home. Opportunities for volunteer service and monetary support exist in family literacy as well.

"Adopt" a Center

The ultimate project your club might consider is to "adopt" a Head Start center, providing a range of funds, advice, and service at frequent opportunities on an as-needed basis. The kinds of help provided might include many of the suggestions listed in this bulletin, as well as special needs discovered in a commitment to the program. Be sure to refer to the ongoing commitment whenever public relations materials are released.

Public Relations

Most Head Start staff have their hands full attending to the needs of the children and their families. They have little time to worry about public relations, nor do they usually have the required skills or experience. Your club can help both Head Start and itself by keeping the media — and therefore, the community — aware of what is happening in the program, and how it benefits the children and the community. Be sure to publicize club projects, joint ventures, new purchases, volunteer services, fund-raising drives, and special events. Don't forget to ask television, radio, and newspapers for coverage. The combination of two important names like Kiwanis and Head Start will make the information more newsworthy.

A Community Collaboration

You can see that supporting Head Start provides a wide range of possibilities for club projects, at several different levels of support. Because Head Start works closely with other local agencies, your club could also become involved in those programs as well. Head Start is truly a community collaboration effort, and support from your club would be a welcome addition.

Kiwanis International Office
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
U.S.A.

(317) 875-8755 (Worldwide)
(317) 879-0204 (Fax)
(800) 549-2647 (North America)

BEST COPY AVAILABLE

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Scald Burns

The Problem

Every day a hundred children are rushed to emergency rooms for treatment of scald burns. Every year 5,000 children are scalded by hot water, most often in the bathtub; while another 32,000 are scalded by other hot substances, most often in the kitchen. Burns serious enough to require medical attention befall more than one million youngsters annually. Most of these children are burned in their own homes by tap water, hot beverages, and hot foods. Nearly half of these young victims are under five-years-old.

A burn is one of the most painful and devastating injuries a person can experience. Burn patients often face extended and painful hospitalization, disfigurement, and possible disability. Overwhelming emotional scars can last a lifetime. Families of burn victims often encounter financial hardship and emotional anguish.

Burns are the second leading cause of accidental death among children in the United States. Because children's skin is thinner than adults', they sustain more severe burns at lower temperatures and in less time.

Perhaps the greatest tragedy is that scald burn accidents are preventable.

The Program

The National SAFE KIDS Campaign has developed a program to prevent scald burns, and Kiwanis clubs are urged to participate. Kiwanis International is a member of the National Coalition to Prevent Childhood Injury, the group that sponsors the SAFE KIDS Campaign. More than ninety other organizations are members, including the American Academy of Pediatrics, the American Red Cross, and the National Safety Council. And more than eighty SAFE KIDS state and local coalitions have sprung up to help the campaign achieve its goals.

The Role of Kiwanis

A Kiwanis club can support the campaign's massive scald burn prevention effort on its own, but it can increase its effectiveness by working with a local SAFE KIDS coalition. Clubs can call the National SAFE KIDS Campaign office, 202/939-4993, to learn if there is a coalition in the community. If not, the club can start one or work informally with other coalition members, such as pediatricians, children's hospitals, and local safety councils.

The following suggestions can be used effectively in both U.S. and non-U.S. districts. These are just some of the ways clubs or coalitions might work to reduce scald burn injuries in young children.

Install anti-scald safety valves — In many low-income multi-family buildings, inadequate plumbing systems, low-cost construction, and a huge demand for hot water often mean boiler temperatures are set drastically high. As a result, water temperatures on lower floors are significantly higher than on upper floors. Where existing plumbing does not regulate water temperatures effectively, safety valves can be installed. A Kiwanis club can investigate local needs and install one of two types of regulators:

Safety valves —Using a special temperature-sensitive spring to stop the flow of scalding water, the safety valve is set to react before water temperature reaches 120 degrees Fahrenheit. It senses scalding water and instantly reduces the flow to a trickle. Running cold water through the valve resets it. Clubs can purchase these inexpensive valves and install them or give them to residents to install.

Combination valves —These more expensive valves maintain a constant ratio of hot-to-cold. They are more effective than safety valves but are not widely available and may require installation by a plumber.

Amend plumbing codes — Children living in large multi-family apartment buildings are more often the victims of severe tap water burns. Water temperatures in some of these areas have been tested at 193 degrees. A child's exposure for just three seconds to water at 140 degrees, a common temperature in most homes, can result in third degree burns requiring hospitalization and skin grafts.

Inadequate regulation allows developers and landlords to install devices that leave many low-cost housing units equipped with fixtures unable to control high water temperatures or regulate water pressure properly.

Plumbing codes are regulations that define the types of products used, the acceptable methods of installation, and the overall construction characteristics of a plumbing system. Codes must be adhered to during the construction of a building or the building will not be approved for occupancy. Plumbing codes to reduce the maximum water temperature in newly constructed residences to the suggested 120 degrees would significantly reduce the number of scald burn victims.

Kiwanis clubs can help amend plumbing codes in these ways:

- Make state, city, and local officials aware of the SAFE KIDS code change submissions.
- Send letters of support for the code change to regulations committee members.
- Follow up to ensure that the codes are implemented uniformly and enforced.

Increase public awareness —"If a disease were killing our children in the proportion that accidents are," declared C. Everett Koop, former U.S. Surgeon General and Chairman of the National SAFE KIDS Campaign, "people would be outraged and demand that this killer be stopped."

Make your community aware of the tragic statistics on scald burns:

- Order brochures from the National SAFE KIDS Campaign — The publication warns parents about scald burn dangers in the bathroom and kitchen and offers simple safety instructions. Distribute the information in low-income housing areas, child care centers, shopping malls, and clinics.
- Order the print public service announcement from the National SAFE KIDS Campaign and place it in local newspapers.
- Produce and dispense stickers that list telephone numbers for emergency services.
- Promote SAFE KIDS Week in May. To learn more, contact the National SAFE KIDS Campaign office.

Organize training sessions to teach parents, baby-sitters, and child care workers how to react effectively in a burn emergency.

Educate high risk families — Statistics show that the lower a family's socioeconomic status, the higher the incidence of burn injuries. Children who are supervised by older siblings or left unsupervised for extended periods of time while parents are working are at great risk, as are children living in large multi-family apartment buildings, especially public housing. Statistics also indicate that the non-white population's risk for burn injury is 76 percent greater than the white population. Identify children in your community who are at greatest risk.

With approval from the manager or administrator of a facility that serves high-risk children, present programs that educate youngsters and their parents. Make sure children know whom to call in an emergency and what to say. Use a toy telephone to teach children how to get help.

Do the children know their addresses? Can house or apartment numbers be seen easily from the street at night? The club could purchase numbers from a hardware store and attach them.

Hold "Parent Alert!" sessions that warn them scald burns happen when children:

- are left unattended in the bathtub and the child turns on the hot water.
- are placed in water that is too hot.
- are in the tub when another child turns on the hot water.
- fall into a tub of hot water.

Stress the SAFE KIDS Campaign's suggestions for safety in the bathroom:

- Never leave your child alone in the bathtub.
- Test the water before you put your child in the bathtub.
- Run cold water first and then adjust temperature with hot water.
- Face your child away from the bathroom fixtures. Children are less likely to manipulate faucets that are out of sight.
- Turn down the thermostat on the hot water heater to 120 degrees Fahrenheit or 50 degrees Celsius.
- Install an anti-scald device in the faucets and shower head.

Teach safety in the kitchen:

- Keep children out of the kitchen when cooking or create a "no" zone.
- Keep appliance cords out of reach.
- Keep tablecloths and place mats out of reach.
- Put pans on back burners and turn all pot handles toward the back of the stove.
- Keep hot food away from the table edge.

Train families to treat burn victims quickly and effectively:

- Stop the burning. Remove the source of heat. If clothing catches fire, smother the flames with a blanket or by rolling on the ground.
- Remove all burned clothing. Clothing may retain heat and make the burn deeper. Remove all clothing from the neck as well as the burn area. Swelling may occur immediately.
- Apply cool water over the area. Using a clean, white cloth apply water to the burn for at least three to five minutes. Be careful not to break any blisters that may have formed. Cover burns with a soft, clean, dry dressing or bandage.
- Do not pack the burned area in ice. This may increase the severity of the burn.
- Do not apply ointments, butter, or any homemade remedy to the burn. These products retain heat and may make the burn deeper. They may also cause infection.
- Seek medical attention quickly.

Helping Scald Burn Victims

The average hospital stay for burn patients is seventeen days. In addition, young children, who respond to their injuries by reverting to behavior they had previously outgrown or who experience nightmares, may need emotional treatment. It is important that a mental health professional work with the patient and the family until all negative feelings are resolved.

A club's financial resources might be well spent on helping the families of burn victims. Studies show that 40 percent of the children are from families on Medicaid and an additional 20 percent from families with no health insurance coverage. Projected nationwide costs for providing intensive burn care total $100 million per year.

Local SAFE KIDS Coalitions

The number that follows each state indicates the current number of local SAFE KIDS coalitions. Call the National SAFE KIDS Campaign office, 202/939-4993, to find out the coalition nearest to you or to explore the possibility of starting one.

Alabama, 4
Arkansas, 2
Arizona, 3
California, 2
Connecticut, 1
Washington, D.C., 1
Florida, 7
Georgia, 4
Illinois, 1
Indiana, 2
Kansas, 1
Kentucky, 2
Louisiana, 4
Massachusetts, 1
Maryland, 1
Michigan, 2
Missouri, 4
Montana, 1
Nevada, 1
New Mexico, 2
New York, 3
North Carolina, 3
Ohio, 2
Oklahoma, 1
Pennsylvania, 2
Texas, 4
Utah, 1
Virginia, 3
Wisconsin, 1

Many of the states named above also have state SAFE KIDS coalitions. In addition, there are state coalitions in Alaska, Colorado, Delaware, Maine, Minnesota, New Hampshire, New Jersey, North Dakota, and Rhode Island.

National SAFE KIDS Campaign
111 Michigan Ave. N.W.
Washington, D.C. 20010-2970

First degree burns cause minor damage to the skin. There is no blister and only minor pain.

Second degree burns may cause superficial or deep damage to the skin and minor to severe pain with blisters. The healing process may take between three to six weeks, but the healed skin may be of poor quality. Scar tissue also may form.

Third degree burns destroy all skin layers. Generally, the blood vessels are charred and the nerves are dead, so there is no pain. On areas larger than one square centimeter, skin grafting will be necessary.

Fourth degree burns, the most severe, completely destroy the skin and damage the tissue, muscle, bone, and other structures. These burns require complete reconstruction of the affected area.

Resources Available from SAFE KIDS

Several educational materials are available from SAFE KIDS. To order, write the National SAFE KIDS Campaign, P.O. Box 4779, Monticello, MN 55365, or call (612) 295-4135. Some relevant materials are listed below.

- "How to Protect Your Child from Injury" – a 16-page, 4-color booklet for parents (box of 50, item # 001-50, $12.00).
- "Scald Burn Brochure" – a brochure for parents and caregivers about how to prevent tap water and hot liquid scald burns (box of 50, item # 007-50, $10.00).
- "Scald Burn Prevention Strategy" – a comprehensive guide for implementing a scald burn prevention campaign (item # 030, $10.00).
- "Scald Burn Prevention –VHS Video" – a VHS video for parents and caregivers about how to prevent tap water and hot liquid scald burns (item #050, $24.00).
- "TV PSAs–Scald Burns" – a 10 minute package of four scald burn public service announcements (item # 090-3/4", $40.00).
- "Burn Resource Materials" – a comprehensive guide to obtaining burn prevention information available from various organizations (item # 120, $7.50).

Reproduce the SAFE KIDS brochure titled "Everyday 100 Children are Burned" found in this bulletin and distribute it throughout your community to generate awareness of scald burns, Kiwanis, and SAFE KIDS. Take the public service advertisement ("On August 19") to your local newspaper and have it included in publications.

They are burned in the bathtub and kitchen and must be treated in hospitals.

These scald burns can kill children. Usually they leave scars—on a child's face, hands, legs, chest—that can last a lifetime. Most scald burns happen in the kitchen. The worst ones happen in the bathtub. They happen most often to children under four years old.

This brochure is published by the National SAFE KIDS Campaign™

A program of Children's Supported by Johnson & Johnson

Additional support for the scald burn campaign provided by

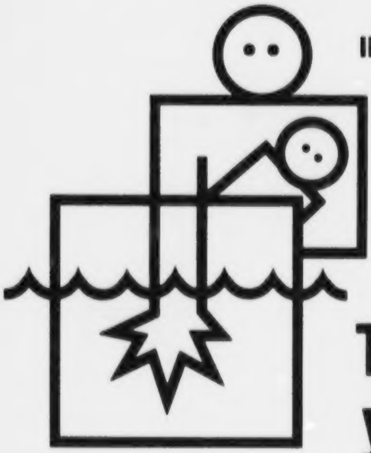
© Children's National Medical Center. All rights reserved

SAFE KIDS are no accident!

National SAFE KIDS Campaign™
111 Michigan Avenue, NW
Washington, DC 20010

Every Day 100 Children are Burned

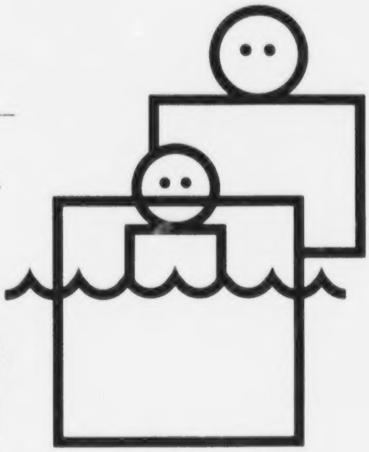
BEST COPY AVAILABLE



IN THE BATHROOM

After the bathtub is filled, put your whole hand in the water and move your hand quickly back and forth for several seconds. If it feels even a little bit hot, then it is too hot for your child. Add more cold water. Repeat the test with your other hand. When the water feels comfortable, it is safe to put your child in the bathtub.

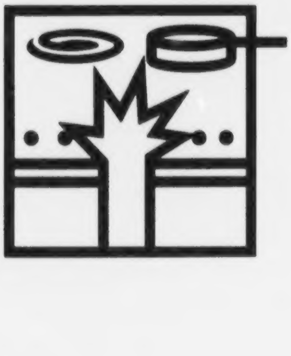
Test the water before you put your child in the bathtub!



Children will turn on the water if they are left alone. One second—that's all it takes for hot tap water to burn a child. So when the phone rings, or there is a knock on the door, stay with your child. The other can wait. When the kitchen timer goes off, or another child needs you—and it can't wait—take your child with you.

Never leave your child alone in the bathtub!

IN THE KITCHEN

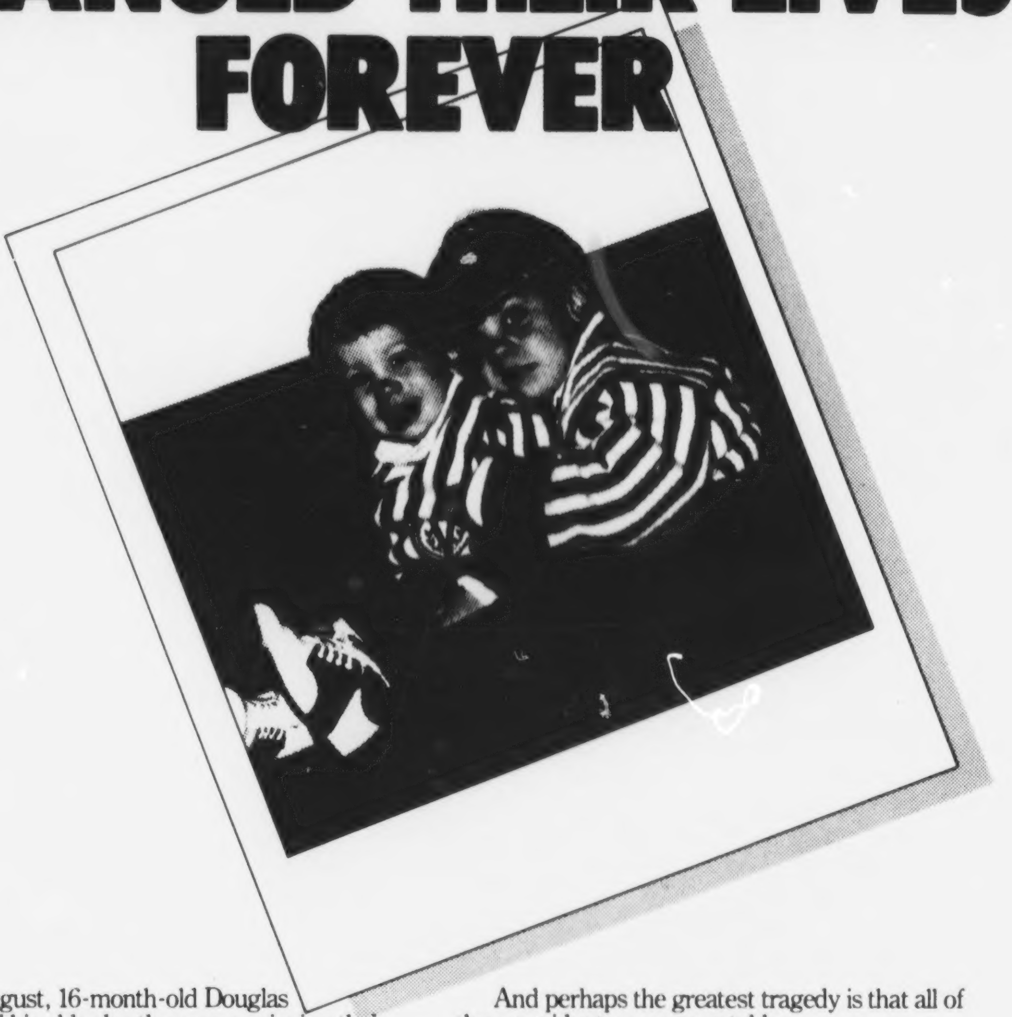


Keep it out of reach!

Children are burned when hot liquids or food are left within their reach.

- *Put pans on rear burners.*
- *Turn pot handles toward the back of the stove.*
- *Place hot dishes at the back of the counter.*
- *Keep hot foods away from the table edge.*
- *Keep appliance cords out of reach.*
- *Only use table cloths and place mats when children aren't around.*

ON AUGUST 19, A KNOCK ON THE DOOR CHANGED THEIR LIVES FOREVER



Last August, 16-month-old Douglas Jarrett† and his older brother were enjoying their bath when someone knocked at the door.

Douglas' mother left them to answer it. She had been gone only a few moments when she heard Douglas scream. Running to the bathroom, she found him under the faucet, with scalding hot water pouring onto him. Two weeks later, Douglas died.

Every year, there are 5,000 cases like Douglas'—children severely injured, or even killed, by hot tap water.

And perhaps the greatest tragedy is that all of these accidents are preventable.

Please, test the water first. If it's at all uncomfortable to you, it's too hot for them. And never, ever leave children alone in the tub.

Let's keep our children safe.

Children's
National Medical Center

NATIONAL
SAFE KIDS
CAMPAIGN
WASHINGTON D.C.

†Names and dates have been changed; photo is not of victim

Kiwanis International Office
3636 Woodview Trace
Indianapolis, Indiana 46268
U.S.A.

(317) 875-8755 (Worldwide)
(317) 879-0204 (Fax)
(800) 879-4769 (North America)

YCPO #4

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Smoking Awareness

A campaign for pregnant women

The Problem

The number of young women who smoke is on the rise, even though many of them know that smoking causes lung cancer, emphysema, and often leads to heart disease. Perhaps more alarming is that one-third of them continue to smoke even after they become pregnant.

While a mature smoker may not develop serious health problems for many years, a fetus does quickly. When a pregnant woman smokes, her fetus is contaminated with toxic substances such as nicotine and carbon monoxide, which cut off oxygen and nutrition, retard growth, and cause mental and physical defects.

Children of smokers may be born with low birth weight (five and one-half pounds or less), a condition accounting for more than 55 percent of all infant deaths. Some studies indicate that twenty-one to 39 percent of low birth weight cases are caused by smoking.

"In other words," says Louise Floyd of the (U.S.) Centers for Disease Control, "we could reduce low birth weight by twenty-one to 39 percent if we could eliminate smoking during pregnancy. In fact, it has been called the most preventable cause of low birth weight (in the U.S.)."

Smoking also increases the chances that a child will be born mentally retarded or with cerebral palsy or epilepsy. Smoking during pregnancy has been linked to Sudden Infant Death Syndrome (SIDS) and is known to cause Respiratory Distress Syndrome. As smokers' children grow, they may develop other respiratory diseases. They may also be shorter and smaller than other children, develop hyperactivity, score lower on math and verbal tests, and be deficient in overall ability.

Many pregnant women do not grasp the detrimental effects smoking has upon their unborn children. Some, for one reason or other, simply have never been informed. Still others are gripped so tightly by their smoking habits that they cannot break them and do not know where to seek help. They need to learn about the dangers and where they can seek assistance, for their own good and for the good of their children.

Overview of the Awareness Campaign

Because many pregnant women do not understand the effects their smoking habits can have on their children, a possible project would be to launch an awareness campaign to sharpen vague understanding and educate the unknowing. The campaign could be done in three phases:

1. **Organize support** — Gather relevant data from local experts and gain support from the health and business communities.
2. **Develop a public awareness campaign** — Publicize smoking awareness for pregnant women, using enclosed materials, materials from professional health organizations, or club-generated material.
3. **Provide assistance to smokers** — Sponsor smoking-cessation seminars conducted by health care professionals in which those willing to help themselves and their children can receive detailed information and guidance. Organize and oversee support groups for pregnant women and for fathers who are trying to quit smoking.

Organizing Support

After an awareness campaign committee is formed, preparations and assessments will be necessary. These may include:

Statistics — The club should have an ample supply of ammunition for publicity. Statistics — local statistics in particular — will provide this. The club also will want to learn as much as possible in order to execute the campaign with conviction. Possible sources include:

- Local hospitals and health facilities (pediatrics and obstetrics).
- Local medical or health associations.
- Obstetricians, gynecologists, pediatricians, and other health care professionals in private practice.
- Local reproductive health service agencies.
- Local or county health departments.
- American Lung Association local office.
- March of Dimes local chapter.
- Community or university library.

Find the number of instances in which pregnancies were complicated by smoking, including deaths, stillbirths, miscarriages, and adverse developments occurring in a child's first years. Obtain both percentages and actual numbers, perhaps focusing on one or two primary results, such as low birth weight or perinatal deaths. Get information for each of the past five to ten years.

Target Audience — As health information is gathered, attempt to obtain demographic information from the same sources to estimate the age range and number of people to which the campaign will apply. This will help determine the times public service announcements should be aired (if that option is available) and what publications should be targeted for print advertisements. Though publicity should be directed primarily toward pregnant women, it also would be wise to include smoking fathers because second-hand, or "passive," smoke is dangerous as well. Further, it is more difficult for a mother to stop smoking if the father smokes.

Coalitions — Strive to form a coalition or partnership with other local organizations, particularly those specializing in health or child care, including:

- American Lung Association (local affiliate).
- March of Dimes (local chapter).
- American Academy of Pediatrics (state chapter).
- Local obstetric and gynecology associations.
- Government health care agencies.
- Social service agencies.
- Groups specializing in smoking cessation.

Invite representatives from each to join your planning committee. Ask them to help develop the campaign, provide technical information, and lend hands-on support. If your area has a local medical association, it may want to get involved. The participation of other groups will generate many more solid ideas, and the campaign will reach a greater number of people.

Planning and duration — The club should give itself at least one month to organize support. Depending upon the degree of cooperation, this phase may be longer or shorter.

Judging from community response and organizational support, the campaign can be extended at the club's discretion. Keep in mind that the longer the campaign's duration, the more people it will reach. It may be more effective to plan for a six- to nine-month campaign or even an ongoing program.

The Awareness Campaign

Smokers tend to delay quitting because the ill effects aren't an immediate danger. What the club needs to emphasize is that the poisons a pregnant woman ingests go directly to the fetus, with immediate and dangerous effects. Assuming that pregnant smokers have not been informed about the dangers of smoking during pregnancy, or for their own reasons have chosen to disregard warnings, the club's first step is to publicize the concerns.

Funding — Monetary contributions from businesses, health associations, private medical professionals, hospital foundations, and other service organizations are options that can help the club fund publicity. When requesting funding, explain the campaign and its goals, the expected expense, the monetary contributions from the club and other organizations, and how much funding the club is asking of them.

Methods of publicizing — Publicity of the risks involved with smoking during pregnancy is crucial for heightening public awareness, and it can take many forms:

Print ads — Place public service announcements in the newspapers, utilizing as large an area as the newspapers or campaign funds will allow. Use print ads available from the International Office, solicit materials from participating agencies, or develop your own. Newspapers not willing to donate an adequate amount of space may negotiate on price or donate a certain amount of space if the club pays the remainder. Offer this idea to them if they hedge at a donation proposal. Area businesses may wish to pay for page space in return for having their names printed on the PSA. Rotate the PSAs so that a different one is printed every day or every week. To obtain print advertisement slicks, phone or write to the Program Development Department at the Kiwanis International Office.

Letters — Send letters to the editor for further exposure, citing local and national statistics and making good use of anecdotes. Persuade mothers who quit smoking when they became pregnant, those who didn't and whose children suffered, and physicians to write letters to the editor as well.

Radio — Radio is an excellent means to publicize this concern. Using the materials provided, ask radio stations to broadcast public service announcements as often as possible for as long as possible. Through professional health service contacts, attempt to locate a mother whose child has suffered or died as a result of smoking. She may wish to warn others. Such a compelling statement could profoundly affect pregnant smokers. Another radio message from a mother who quit smoking might provide positive reinforcement.

Television — Television PSAs may be broadcast on network or cable television stations, often on donated time or for reduced rates. A videotape of PSAs may be obtained from the International Office, the American Lung Association, or the March of Dimes. Contact local affiliates for more information.

Billboards, posters, flyers, brochures — Using materials available from the International Office, or club-generated materials, print posters to be hung in windows of businesses, child care centers, health centers, hospitals, social service centers, and physicians' offices — particularly those of obstetricians, pediatricians, and gynecologists.

Brochures may be left in health care offices or given to obstetricians to hand out to their patients. Contact physicians' offices, as well as businesses, and ask them to lay out the brochures for their customers. This also will help the club determine how many to print.

Counter-top flyers are expedient for publicity and are inexpensive. Simple photocopies can be distributed in area businesses.

Billboards also are an excellent source of mass communication. Approach outdoor advertising agencies about billboard space donations. Company names usually are printed at the bottom of billboards, or may be listed in the phone book yellow pages. There may be some difficulties securing space, however, because billboards are a main advertising medium for tobacco companies.

Ask printers, billboard companies, and photocopy outlets to donate materials for posters and handbills. Because printing is expensive, it may not be possible to receive donations, but ask if printing can be done at cost.

News Stories — Wise use of news media is particularly important. Make all newspapers and broadcast stations aware of the campaign and persuade them to do news or feature stories. Make sure to give them plenty of notice. Meetings with newspaper editors and radio and television talk show hosts can help achieve this goal.

Publicity resources — Publicity resources the club should plan to contact include:

- Printers and photocopy outlets — Ask them to print the brochure (master enclosed) for free or at a reduced rate.
- Billboard companies — Urge billboard companies to erect one or more signs.
- Radio and television stations — Take the Kiwanis PSA radio script (enclosed) or videotape to the stations and ask that it be copied and used.
- Newspapers and local magazines — Meet with the editor or publisher and request that space be alloted for the campaign's PSAs (available from the International Office). Encourage them to develop articles on the effects of smoking during pregnancy and offer the contacts the club has developed.

Plan for at least two weeks of publicity before the first smoking cessation seminar, making clear that additional information on smoking during pregnancy and how to stop smoking will be available at seminars and that support groups will be formed. Make arrangements with broadcasting stations to increase the frequency of times PSAs will be aired in the two days preceding the campaign's seminars. Publicity should be planned to run intensely for as long as funds or donations allow, then dwindle as necessary. However, publicity should run the duration of the campaign. Assess the amount of air time and page space available and plan its distribution so that all of it will not be used at the beginning of the campaign.

During the publicity phase, the club may want to advertise a phone number where interested persons can call for information about the seminars. Phone calls serve a dual purpose: they give people information and give the club an idea of how many people will attend the seminars. The club also could ask callers to register for the seminars, and then make follow-up calls on the day of the seminar to ensure that the persons will attend.

Providing Assistance to Smokers

Seminars should be the peak of the campaign, when the community has been made aware, through publicity, that a problem exists. Answers now must be given and solutions offered. The seminars can give pregnant smokers a chance to start anew.

Seminars

The seminars' objective is to educate pregnant women on:

- Smoking during pregnancy (general statistics).
- How smoking affects the fetus.
- The health risks involving the fetus.
- How to quit smoking.

Ask health care professionals to speak at the seminars. Speakers should include obstetricians, pediatricians, public health officials, college medical professors, and representatives from the March of Dimes, the American Lung Association, and other health organizations.

Contact all speakers ahead of time to learn what materials, provisions, or other accommodations should be provided to make their duties go smoothly.

Give the speakers the seminars' objective. Then, let them determine how they will discuss the topics and what aspects of smoking during pregnancy merit the most attention. They may add categories that they feel are important. Work with them to develop a schedule of specific, related topics that will be discussed.

If more than one guest is scheduled to speak at one seminar, coordinate the specific topics each will address. Give them adequate time to prepare their lectures. These arrangements can be made in the committee meetings when representatives are present.

Panel discussions and question-and-answer periods also are possible seminar activities, especially if several speakers and experts are scheduled at the same seminar.

Personal testimony is perhaps the most effective way to capture attention. Try to find women who smoked during pregnancy and whose children suffered or died as a result. Ask them to speak at the seminars to persuade other women to avoid making the same mistake. Also, find women who gave up smoking when they became pregnant, and have them tell how they went about it. Physicians and health agencies can provide help locating these women.

Videos about smoking — and other substance use — during pregnancy should be shown at the seminars. Informational materials such as brochures or smoking cessation kits, as well as buttons, t-shirts, bumper stickers, window stickers, or auto air fresheners should be given to those attending the seminars. Videos and reproducible logos and slogans for buttons, t-shirts, and stickers are available from the International Office and from organizations listed in this bulletin.

Unless the club sets up a registration process for the seminars, the likely attendance can only be estimated. A generous estimate would be 5 percent of the pregnant women in the community. Take into account data from phone calls inquiring about the seminars. However, prepare accommodations for more people than are actually expected. Hold the seminars at club meeting places, at community facilities, or at schools or universities. The seminars should last between one and two hours.

After expectant mothers and fathers attend a seminar, they may recommend others to attend. Seminars should be held regularly — perhaps once or twice per month — to ensure that "word-of-mouth" response is accommodated. Also, some may want to attend additional sessions for reinforcement. Ask representatives to continue speaking at seminars throughout the campaign's duration, or as often as possible. Having several organizations involved increases the likelihood that at least one representative will be available to speak at each seminar. The campaign committee should find out which representatives will continue to participate thoughout the campaign.

Support Groups

For most smokers, giving up cigarettes can be a brutal test of willpower. Groups of pregnant smokers who are trying to quit may provide the extra support needed to overcome the habit.

Find someone trained in smoking cessation to conduct the support group's meetings. Volunteers might be found at the American Lung Association, March of Dimes, a local medical association or reproductive health organization, or university or community programs specifically designed for this purpose. Inform obstetricians and other physicians that a support group has been formed and ask them to encourage their smoking patients to attend.

Begin support group therapy the same week as the seminars to give an immediate backup. Hold a support group meeting once or twice per week, or more often, depending on the group's wishes.

INSTRUCTIONS

The page to the right is a brochure, ready to be printed. To use this master:

1. Remove the staples in the gutter between the pages.
2. Cut along the gutter fold.
3. Have the brochure printed, double-sided.
4. Have the printed brochures folded like business letters (#10 letter fold), with the panel that reads "When You Breathe for Two, Your Baby's Health Depends on You" as the cover.

The group can discuss the difficulties of quitting smoking; reiterate the reasons why they are quitting, to help solidify their convictions; discuss the best ways to use smoking cessation techniques; and provide a sense of camaraderie, which will help offset the effect of nicotine withdrawal.

The club, as well as the support group, should plan to follow each pregnancy until the baby is born. Send flowers, cards, and balloons to the mother while she is in the hospital. After she comes home, hold a celebration dinner in honor of her, the father, and the baby, and award her a plaque signifying her outstanding accomplishment: protecting the health of her baby.

Other Events

The club also may want to set up a booth at the local mall, where it can give away buttons, bumper stickers, or window stickers. The club may also set up a "Peg-a-Pack" game in which persons could throw balls or bean bags at cigarette packs. Another game, in which the objective is to throw or knock packs of cigarettes into a trash can, also is a possibility. Winners could receive T-shirts, stickers, or other anti-smoking prizes.

Anti-smoking festivals, community "Baby Day" festivals, or anti-smoking "demonstrations" also are possibilities.

- **Intellectual development** — Increases the risk of neurological abnormalities such as cerebral palsy, mental retardation, epilepsy, and hyperactivity.
- **Respiratory Diseases** — Smoking during pregnancy increases the risk by three times.
- **Miscarriages** — One pack per day increases the risk two-fold.
- **Low Birth Rate** — Low birth weight is responsible for 55 percent of all infant deaths. Smoking doubles the risk of LBW, while heavy smoking increases the risk by 300 percent.
- **Displaced or Prematurely Separated Placenta** — One-third to one-half of all deaths occuring at birth are due to displaced or separated placenta. Smoking increases placenta displacement by 53 percent.

Information for this brochure
was drawn from publications
by the American Lung Association,
the March of Dimes, and the
U.S. Centers for Disease Control.

Kiwanis International
3636Woodview Trace
Indianapolis, Indiana 46268
U.S.A.

(317) 875-8755 (Worldwide)
(317) 879-0204 (Fax)
(800) 879-4769 (North America)

Caring for your baby before its born

When you breathe for two, your baby's health depends on you

Being pregnant is a special time in every woman's life. It's a time when two lives function as one; when the mother-to-be's hopes and dreams for her baby's future first begin to take hold. Never in a woman's life will any living thing be as entirely dependent upon her as her baby.

Because a woman's health habits directly affect her unborn child, the baby's well-being depends on its mother. If her habits are healthy, it's likely her baby will be healthy.

And what a woman breathes is as important as what she eats, because a pregnant woman doesn't just eat for two, she breathes for two as well.

If you've never had a good enough reason to quit smoking, YOU HAVE ONE NOW

Your baby. Your baby depends on you for survival, but if you smoke during pregnancy, your baby may be a candidate for an array of defects and diseases. Worse, smoking could deprive your unborn baby of an opportunity at life.

The risks you take

Many birth defects have been directly linked to smoking during pregnancy, including:

Low Birth Weight — Children born with low birth weight (five-and-a-half pounds or less) are not prepared to live outside the womb. Low birth weight is responsible for more than half of all infant deaths. Heavy smoking increases this possibility for your baby by 300 percent.

Mental and Physical Defects — The chances for respiratory defects are increased, and some studies have linked smoking to mental retardation and physical handicaps.

Stillbirths — Smoking during pregnancy increases risk of stillbirth by 55 percent.

Miscarriages — Heavy smokers are 170 percent more likely than nonsmokers to have miscarriages. One pack per day doubles the risk.

"But I smoked through my first two pregnancies, and nothing bad happened"

A problem-free pregnancy in which the mother smoked does not guarantee that the next pregnancy will go as smoothly.

Defects that occur during pregnancy sometimes do not surface until later. Children of smokers may be shorter and smaller than other children, or less capable in verbal and math skills. Heart and lung problems are more likely to develop.

The gains you'll make

There's nothing to lose by quitting smoking, and everything to gain — particularly your health and the health of your baby. If you quit smoking early in your pregnancy, your baby's chances for normal birth weight and general health can be similar to that of a nonsmoker. The less you smoke, the better off your baby will be. Millions of people have quit smoking. You can, too.

Remember, there's no better reason to quit. Take the first step for building a healthy, normal life for you and your baby. If you don't stop smoking now, you may never forgive yourself. Allow your baby a better chance to grow up and give back the love you have given it.

How to quit smoking

The first step is to make the decision to quit smoking. The first week usually is the most difficult, but after that the craving diminishes. Deep breathing exercises will help you relax during stressful periods.

You don't have to do it alone; help is available. Consult your obstetrician or family doctor. He or she may recommend one of the many smoking cessation programs that are available.

If you've never tried quitting before, you may find it surprisingly easy. Many persons quit and find they don't miss smoking. If you've tried quitting before, keep in mind that it sometimes takes several attempts. Just because you didn't quit before doesn't mean you won't make it this time. And now you have two good reasons to quit instead of just one.

For more information on smoking cessation, call the U.S. Department of Health Cancer Information Services hotline: 1-800-421-6237, or write to:

Women and Smoking
Public Health Service
Rockville, Maryland 20857

The facts about smoking during pregnancy

Smoking during pregnancy may result in one or more of the following:

- **Sudden Infant Death Syndrome (SIDS)** — Also known as "crib death." Thirteen percent of SIDS deaths have been attributed to smoking either during pregnancy or after birth.

Additional Information

The organizations listed below may have promotional materials, educational kits, information on smoking cessation methods, or general statistical information. All agencies listed are in the U.S.

March of Dimes
Birth Defects Foundation
1275 Mamaroneck Avenue
White Plains, NY 10605
Telephone (914) 997-4468

National Heart, Lung, and Blood Institute
Education Programs Information Center
4733 Bethesda Avenue
Bethesda, MD 20814-4820
Telephone (301) 951-3260

Office on Smoking and Health
Centers for Disease Control
US Department of Health and Human Services
5600 Fishers Lane
Rockville, MD 20852

American Lung Association
1740 Broadway
New York, NY 10019
Telephone (212) 315-8700

Appalachia Public Health District I
South Carolina Department of Health and Environmental Control
Sara Jo Moore, Director of Health Education
P.O. Box 1906
Anderson, SC 29622
Telephone (803) 225-3731

Women and Smoking
Public Health Service
Rockville, MD 20857

Cancer Information Services
Department of Health and Human Services
1-800-421-6237

National Center for Education in Maternal and Child Health
38th and R Sts., N.W.
Washington, D.C. 20057
Telephone (202) 625-8400

American Academy of Pediatrics
P.O. Box 927
Elk Grove Village, IL 60009
(708) 228-5005

Radio PSAs for Smoking Campaign for Pregnant Women

Low birth weight is the leading cause of death among infants. If you are pregnant and smoke, you are doubling the chances that your child will be born with a low birth weight. If you smoke heavily, you increase the risk by 300 percent. Your child deserves a better chance at life. Throw away your cigarettes, not your child's health.

This message brought to you by this station and the Kiwanis Club of

____

Time: 15 seconds

You probably know that nicotine is in cigarettes. But did you know that it is also a deadly poison used in pesticides? If you smoke during pregnancy, you are exposing your baby to the same chemicals that are used to kill insects. Your child deserves a better chance at life. Throw away your cigarettes, not your child's health.

This message brought to you by this station and the Kiwanis Club of

____

Time: 15 seconds

Carbon monoxide is a deadly gas from auto exhausts that can kill you. It is also contained in cigarette smoke. If you smoke during pregnancy, your baby is taking in this toxic gas. Your child deserves a better chance at life. Throw away your cigarettes, not your child's health.

This message brought to you by this station and the Kiwanis Club of

____

Time: 20 seconds

Cigarette smoke contains more than 4,000 dangerous chemicals. If you're pregnant and you smoke, all those chemicals go straight to your baby. Your baby deserves a better chance at life. Throw away your cigarettes, not your child's health.

This message brought to you by this station and the Kiwanis Club of

____

Time: 15 seconds

Children whose mothers smoked during pregnancy have a greater risk of developing respiratory diseases as they grow up. As young children, they often may be ill; they may be less proficient in verbal and math skills; and they may be shorter and smaller than other children. Your baby deserves a better chance at life. If you're a pregnant smoker, throw away your cigarettes, not your child's health. Remember, you're breathing for two.

This message brought to you by this station and the Kiwanis Club of

____

Time: 25 seconds

To the Editor:

What kinds of compromises on your child's health would you be willing to make?

Women who smoke during pregnancy, or husbands who smoke around their pregnant wives, seriously compromise the health and general well-being of their children.

Perhaps the saddest aspect is that they do it unintentionally. Most expectant parents do not understand the health problems they can create for their unborn children when they smoke.

The United States Centers for Disease Control report that one out of three women smokes when she becomes pregnant, and that one in four continues to smoke throughout the pregnancy. The resulting effects can be disastrous.

Smoking during pregnancy doubles the risk of a baby being born with low birth weight (five-and-one-half pounds or less), which is linked to more than half of all infant deaths. Forty-seven thousand babies are born with low birth weight each year. Many cases were caused by smoking.

Smoking during pregnancy also has been known to cause mental retardation and cerebral palsy. It has been linked to Sudden Infant Death Syndrome and is known to cause Respiratory Distress Syndrome. One pack of cigarettes per day doubles the possibility of a miscarriage, and the risk of stillbirth increases by 55 percent. Approximately one-half of perinatal deaths — deaths occuring at the time of birth — are linked to smoking.

To all the pregnant women in our community, I urge you to throw away your cigarettes — for your child's sake and your own.

To help you quit smoking, the Kiwanis Club of ________________ will be sponsoring smoking awareness and cessation seminars for pregnant women and their husbands, beginning ________________ at ________________ in the ________________________.
No costs will be involved for those attending.

Chairman
Smoking Awareness Campaign Committee
Kiwanis Club of ________________

To the Editor:

I have have some questions for mothers-to-be in our community: When your baby is born, will you put pesticides in its formula? Will you pump carbon monoxide from your auto exhaust into its bedroom? Of course you wouldn't *intentionally* do this, but if you smoke during pregnancy, the basic effect could be the same.

When a pregnant woman smokes, she exposes her child to a number of deadly poisons, including nicotine and carbon monoxide. Nicotine is a deadly poison used in pesticides to kill insects. Carbon monoxide is a gas contained in cigarette smoke that literally cuts off oxygen supplies.

You might respond, "I've smoked for years and it hasn't killed me yet. So how much damage could it do to my baby in nine months?"

First of all, it *is* killing you — slowly. Secondly, a baby is very delicate, especially before it's born. What may not hurt you immediately can destroy your baby's health.

If you wouldn't intentionally hurt your child, take steps not to hurt it unintentionally. The Kiwanis Club of ________________ will be sponsoring smoking awareness and cessation seminars for pregnant women and their husbands on ________________ at ____________ in the ________________________.
No cost is involved for those attending, and it could make all the difference in the world to you and your baby.

Chairman
Smoking Awareness Campaign Committee
Kiwanis Club of ________________

Letters-to-the-Editor for the Smoking Campaign for Pregnant Women
To be published in editorial sections of newspapers

To the Editor:

Four women in a small town had babies during the past two years.

One of the babies was born weighing only three pounds and spent his first few weeks of life in the hospital, hooked by a mass of tubes to several large, brooding machines. Many thousands of dollars later, the parents were allowed to take the child home. "You were lucky," the doctors said. Indeed, the child lived, but the doctors now suspect he is mentally retarded.

The second baby weighed in at a whopping eight pounds, and all seemed to be well. Two weeks later, the child's panic-stricken parents rushed him to the hospital in the middle of the night. The child was not breathing properly and was on the verge of asphyxiation. He, too, spent several weeks in the hospital. The infant, the doctors said, had developed severe asthma and a variety of other respiratory problems. A year later, the child has learned to walk, but can only make it half-way across a room. He has to stop to catch his breath.

The third infant, like the first, was born weighing three pounds. She too spent weeks with her tiny body shrouded in tubes. But unlike the first baby, she never went home.

All these children had one thing in common: Their mothers smoked during pregnancy. The physicians believed the afflictions from which these children suffered were caused by toxins their mothers ingested from smoking cigarettes. Smoking during pregnancy is one of the primary causes of infant mortality and physical defects in children. Babies weighing five-and-one-half pounds or less are not prepared to live outside the womb, smoking doubles this risk.

If you're pregnant and you smoke, please attend the upcoming smoking awareness and cessation seminar sponsored by the Kiwanis Club of ________________ on ________________ at __________ in the ________________________. It costs nothing to attend, and it's one of the best things you can do for your baby.

By the way, the fourth child ... he's probably playing in his sandbox right now, or running through the yard. His mother didn't smoke.

Chairman
Smoking Awareness Campaign Committee
Kiwanis Club of ________________

Kiwanis International Office
3636 Woodview Trace
Indianapolis, Indiana 46268
U.S.A.

(317) 875-8755 (Worldwide)
(317) 879-0204 (Fax)
(800) 879-4769 (North America)

YCPO #5

A SERVICE PROJECT FOR
YOUNG CHILDREN: PRIORITY ONE

Parenting Fair

The Need

Raising a child is tremendously rewarding, but it often can be difficult and stressful. Child-rearing isn't learned overnight, and as parents attempt to fine-tune their abilities, they may not take actions that benefit their children most.

Sometimes, a single decision can impact a child, for better or worse, for the rest of his or her life. Nutrition, education, family unity, fitness, and safety are important for the overall well-being of children, but too often parents do not have the background and knowledge needed to make informed decisions.

Some parents are at a disadvantage from the start. Working parents often have difficulty spending quality time with their children due to job responsibilities. When both parents work, they have even less time to devote to children. Single parents face special problems raising children, such as attempting to fulfill the role of the absent parent and making sure children receive adequate family time and supervision.

"The current environment often leaves new parents without the knowledge, support, and resources necessary for a healthy beginning for their families," says Patricia Pollert, who is Perinatal Services Coordinator at St. Luke's Hospital in Fargo, North Dakota. "Parents, in general, often are unaware of community programs that exist for their benefit."

Solution: The Parenting Fair

Proper child development is fundamental for children to grow up healthy, both physically and mentally. But for parents, each day is a new frontier filled with uncertainties. Kiwanians can help solve some of their problems by holding a "parenting fair," which educates parents about support sources for effective child-rearing and helps today's children grow up to be healthy, happy citizens of tomorrow.

A parenting fair is a one-day or weekend event that:

1. Introduces parents to resources in the community.
2. Offers professional advice about parenting and child development, and answers questions raised by parents.
3. Provides an opportunity for parents in the community to interact and "trade notes."

Planning a Parenting Fair

Four components are essential for a parenting fair to achieve its goals effectively:

- Professional involvement
- Logistics
- Publicity
- Business sponsorship

Do each in the order presented here to avoid problems and difficulties.

Phase I: Professional Involvement

A parenting fair's thrust is to educate parents about raising children to be healthy, safe, and happy. Many agencies and programs exist that can help parents achieve these goals but remain unknown in the community. A parenting fair gives parents an opportunity to learn about and receive information from these support sources.

Who are they?

Possible parenting resources to invite to the parenting fair might include:

- Government health agencies—local, state, and federal levels
- Local, state, and national child health care organizations
- Local pediatric and medical associations
- March of Dimes (local chapter)
- American Academy of Pediatrics (state affiliate)
- Red Cross (local chapter)
- Child care experts
- Teachers
- YMCA and YWCA
- Social workers
- Child psychologists
- School guidance counselors
- Hospitals
- Clergy
- Coaches and physical education teachers
- Nutritionists
- Dieticians
- Nurses
- Cooperative Extension Service
- Stress centers—for adjusting to life with children
- Universities
- Child health notables or personalities for keynote addresses

Look at the list of organizations on the Priority One Advisory Council (included in your *Young Children: Priority One* kit) and request contact information about state and national organizations from the district Major Emphasis Program chairman.

How to involve them

Professional involvement is as important in the parenting fair's planning stages as in its implementation. Generally, professionals have more contacts in their fields than Kiwanians, and probably a good deal more influence. To involve professionals, take these four steps:

- Create a list of topics.
- Select a group of professionals to help you plan the fair.
- Hold a planning meeting with the professional group.
- Locate speakers and exhibitors.

Each step is explained below.

Create a list of topics

This is primarily for your benefit. It helps solidify your concept of what the parenting fair should accomplish. It will also help you:

- Decide who to invite to your planning meeting.
- Develop a preliminary agenda for the parenting fair.
- Determine which agencies and organizations to contact to set up booths.

The following topics can help you create your list. The club or professional group may want to add issues to the list they feel are important or have relevance in the community.

Child care
- Choosing child care
- Choosing a babysitter

Health and Safety
- Infant growth and development
- Nutrition
- Children's fitness
- Health issues
- Immunization
- Safety issues

Education
- Developmentally appropriate education
- Creative play
- Reading
- Drawing and painting

Family

- Discipline
- Fathering
- Family togetherness
- Sibling rivalry
- Single parenting
- Young parents (teens)

Influences on children

- Friends
- Peer pressure
- Self-expression
- Television and children

Spiritual and emotional well-being

- Psychological development
- Promoting self-esteem in children

Developing potential

- Encouraging exploration
- Recognizing and encouraging gifted children
- Developing talents
- Athletics

Select a group of professionals

Now that you have an idea of the issues the fair should address, you can more easily select a few professionals to invite to a planning meeting.

A good cross-section of individuals and representatives from organizations should be invited to the meeting, including:

- Pediatricians or other medical professionals
- Child-care resource and referral agencies
- Family services agencies
- County health department
- County welfare department
- Emergency departments (police, fire, medical)
- Educators or child development specialists
- Clergy
- Various safety, medical specialty, or parent-oriented organizations

You may feel others are appropriate to invite who are not listed above, but attempt to limit the meeting to no more than a dozen professionals. A sample invitation letter appears on page 12.

Hold a planning meeting

After you've received commitments of assistance from professionals in various fields, your next step is to pull them together into a team. The quantity and quality of involvement from the professional community hinges on this core group.

During the meeting, once again explain the parenting fair and its goals. Ask for their participation and assistance in:

- Refining the topics to best address community needs.
- Developing an agenda that covers these topics.
- Gathering support from the professional community.

By holding this meeting, the club can create a "snowball" effect in which competent speakers and organizations are selected by their peers. In this way, club members won't need to locate professionals outside this core group to participate in the parenting fair.

Further, professionals may be more attuned to parenting problems in the community and can assist in developing topics and creating the most effective agenda for the parenting fair. Keep in mind, however, that many professionals are quite passionate about the issues they contend with daily, and some may be overzealous in their desire to address an issue which is of primary concern to them. The club needs to maintain control in ensuring that the fair has a well-balanced schedule of topics and that emphasized topics are agreed upon by all.

Find speakers

After a schedule of topics has been developed, ask the professional group to locate speakers who are highly competent on the topics.

Ask each professional to find a speaker in his or her area of expertise. For example, if a lecture topic is "child abuse," ask the professional from the local child abuse prevention coalition to find a speaker, not the nutritionist.

The agency or organization which a speaker represents must have a booth at the parenting fair, so that those who hear the lectures can obtain literature and additional contact information. Each potential speaker should be aware of this before committing to participate.

Plan for each speaker to give a half-hour lecture on his or her topic, followed by a question-and-answer period of fifteen to thirty minutes. This time schedule may be altered to accommodate a greater number of speakers or to allow more or less time as lectures merit. Allow about five minutes between lectures. Follow up on these details with a letter to the speaker. A sample follow-up letter appears on page 12.

Also, ask each professional to develop a list of organizations and agencies in his or her area of expertise that the club can invite to set up booths.

Phase II: Logistics

Once your professional group begins its work, you can turn to the "when, where, and how" aspects of the project. Before you launch publicity or find business sponsors, details of the event must be worked out.

There are seven logistical areas you need to plan for:

- Site selection
- Child care
- Provisions and materials
- Set-up
- Registration
- Entertainment
- Break-down and clean-up

Site selection

The optimal site for a parenting fair is a school with a gymnasium. A school has most of the facilities the club will need:

- Gym for booths and exhibits
- Rooms for seminars
- Audiovisual equipment to aid speakers with presentations
- Rooms for child care
- Kitchen for child care
- Restrooms
- Electrical outlets
- Tables and chairs

To arrange for use of a school, request a meeting with the principal and superintendent. A sample letter appears on page 11.

If no school is available, you'll have to find another location. In this case, you need to decide whether the fair should be held outdoors or indoors. Each has its advantages:

Outdoor—Outdoor settings provide an atmosphere that is less constraining and more suitable for large crowds. People have greater freedom of movement. In addition, outdoor settings are more likely to attract passers-by who previously had not heard of the event.

Indoor—Indoor settings do not depend on weather conditions. Buildings also have convenient restroom facilities and electrical capabilities. Certain fire codes and other safety standards may need to be met. If the building is a public facility, check with its administrators or with local authorities to learn the requirements.

Indoor/outdoor—Besides a school, the ideal setting will have both indoor and outdoor facilities, such as a fairground. Fairgrounds and public squares may have vacant buildings suitable for indoor activities, while the advantages of an outdoor setting would be retained. If such a setting is available, set up the indoor area so that outdoor activities may be moved in case of inclement weather.

Child care

Perhaps one of the most important services your club can offer to make the parenting fair run smoothly is child care while parents attend seminars. Parents will have difficulty concentrating on lectures—and thus may not bother coming at all—if they must tend to their children at the same time. A Key Club and Circle K club can help supervise child care.

To set up child care, take these steps:

1. *Locate a professional child-care provider*—Ask a qualified child-care provider to make a list of safe and appropriate toys children should have to play with during child care. Ask that this list be limited to toys the child-care provider would like to have in his or her own facility but doesn't. Then offer to exchange the items on the list for his or her services during the day of the parenting fair. If he or she is agreeable, purchase the recommended toys or ask for a donation, use them in child care at the parenting fair, then donate them to the child-care provider when the fair is over.

2. *Proper facilities*—Ensure that the area which will be used for child care has proper facilities close by, such as a kitchen and bathroom. Ask the child-care provider to list items that the club will need to provide for proper child care.

3. *Identification*—To ensure safety for each child, the club needs to devise a method of identification between parent and child. This can be done in a number of ways, such as distributing wristbands with matching numbers for both parent and child or requiring a child-care registration form to be completed. A sample registration form for child care appears on page 10.

Provisions and materials

The club should decide if banners and signs will adorn the fair site. Both could be made by a Key Club and Circle K club. A schedule of the day's activities and lectures also will be important. A sample schedule appears on page 10.

Speakers should have a lectern and stage. If lectures are held outside or in a large room, a public address system with a microphone will be necessary. Lecture audiences will need chairs and exhibitors will need tables. Again, if your parenting fair is held at a school, these provisions will be readily available. Otherwise, you may have to rent them.

Set-up

When a site is secured, create a map of it. Booth sites, stages, eating areas, child care, and other points of interest should be defined on the map and numbered. Each organization and business should be assigned a numbered area in the exhibit hall at which to set up. Send the map to them ahead of time.

Booth set-up should be done before the day of the fair, as unforseen difficulties could delay the fair beginning on time. If the fair site is secure, set up as much as possible the day before. Make clear to all participants that their booths must be set up prior to the fair's starting time.

Registration and fees

A parenting fair must be free and open to the public. It is unlikely the club will reach the numbers of parents it should if a fee is involved.

On-site registration, however, is very important because:

- An important aspect of any service project is evaluation. One of the ways to evaluate the impact of your parenting fair is to determine the numbers in attendance. Further, the registration forms can help you make a demographic assessment if the appropriate questions are asked. A sample registration form appears on page 9.

- A record of who attends the parenting fair may be helpful to the agencies and organizations that become involved with the parenting fair. They may want to use this information to follow up with parents. An agency also may want to know if the fair enabled it to reach people in its focus area.

- Information will be required to keep track of children in child care. This can be done quickly and easily by using the registration form shown on page 10.

Entertainment and food events

The club may want to arrange for entertainment and food during the lunch break (which should last about one hour). If the club does not intend to have entertainment and/or food, a short lunch break or lunch break should be planned.

However, food sales by sponsored youth groups during the lunch break could create an excellent fund raiser. Key Club or Circle K clubs could sell hot dogs, hamburgers, and soft drinks for a *nominal* cost.

Your Kiwanis club may want to set up its own food services as well, perhaps opening or closing the fair with a food event. The connection of such an event to the parenting fair could capture more attention and create a larger turnout.

If your club decides to go this route, remember two things: First, the parenting fair should *not* be a carnival. "A parenting fair is serious business. It should have a professional air, and nothing at the parenting fair should detract from that," says 1990 Committee Chairman Joe Riccio of the St. Marys, Georgia, Kiwanis club. The St. Marys club staged a successful parenting fair.

Second, many parents and children attending the parenting fair may not be able to afford to participate.

If the club opts for a festival atmosphere, schedule special events at times other than when seminars are being held.

One way the club could avoid such conflicts would be to close the day with a food event and entertainment. The club could give "tokens" of some type to people at the conclusion of each seminar they attend. At the end of the day, a specified number of tokens could be cashed in for a meal. This would serve as both an incentive and a reward for those who attend the seminars.

The club also could arrange entertainment for children and adults. Children's entertainment might include magic shows, puppet shows, games, contests, balloons, or clowns. Entertainment for adults might consist of music performed by country or jazz bands, door prizes, raffles, and talent shows or skits. Most entertainment can be arranged at minimal cost to clubs. Performers, such as musicians, usually do not work for free, but may accept the engagement for a reduced rate.

Break-down and clean-up

When the fair is over, club members should be formed into work groups to clean up the grounds and break down the equipment. Trucks and trailers may be needed to transport borrowed or rented equipment back to its owners.

Phase III: Publicity

The St. Marys, Georgia, Kiwanis club learned two lessons from its parenting fair: Publicize more and clearly define what's being publicized.

Publicity is perhaps the key to your parenting fair's success. Parents cannot attend the fair if they don't know about it, and they probably won't know about it unless you publicize well. In addition, you may not be able to obtain adequate business sponsorship if you cannot provide publicity in return.

More importantly, make sure you have a clear and concise definition of a parenting fair to present to the public. The term "parenting fair" is not self-explanatory.

Begin publicizing a full four weeks before the fair takes place. "If you wait until two weeks prior, you've waited too long," Joe Riccio says. "Publicity should increase as the fair draws closer."

Use these methods, among others, to publicize the parenting fair:

Newspaper ads—Ask the newspaper to donate page space. Also ask newspapers and television stations to do feature stories. Send out news releases, and contact editors and news directors. A sample news release appears on page 10.

Radio PSAs—Ask local radio stations to make short public service announcements. A sample script appears on page 11.

Distribute flyers—Flyers should be made and placed in businesses, public agencies, child-care centers, grocery stores, and other locations where parents of young children are likely to see them. Pass them out on street corners or at intersections. Also, place posters in windows of businesses. A sample flyer appears on page 10.

Perhaps the most effective method for flyer distribution is for students to take them home from school. Many school-age children have younger siblings. Ask schools to distribute the flyers to the students full working week prior to the parenting fair.

Arrange as much free publicity as possible before you move to the next phase, business sponsorship. Publicity may depend in part upon donations from businesses such as print shops and the media. Approach them first.

Phase IV: Business Sponsorship

Once you have commitments from a variety of professionals and a well-defined publicity plan, your next step is to arrange financial sponsorship. Because first-rate professionals have endorsed the parenting fair and are participating, you have proof of the quality of your planning for possible business sponsors.

In order to be successful in this final phase of planning your parenting fair, it is advisable to involve professionals who are well respected and visible in the community. This will lend a great deal of credibility to your project, which will make acquiring business sponsorship easier.

The St. Marys, Georgia, Kiwanis club found commitment from the professional community essential in garnering support from businesses. "A business person wants to know the event will be first class," says Riccio. "A business doesn't want its name associated with anything less. Once a business sees that professionals are behind the project, the business will be more likely to support it, too."

The involvement of business serves these purposes:

Funding—Through monetary donations, you can defray the costs of the project. You should ask for a specified amount of money and cite what that money will be used for.

Product exposure—The presence of a business that deals in children's products can introduce parents to products on the market that will aid them in raising their children.

Door prize donations—An effective way to capture public attention and create good turnout at the parenting fair is by offering door prizes. Businesses that are hesitant to give a monetary donation may be willing to donate a door prize or sell it to the club at cost.

Possible business sponsors include those that sell child-oriented products or are active in bettering the community. Be sure to contact:

- Child-care services
- Supermarkets
- Food companies
- Toy stores
- Retail stores
- Child specialty stores
- Child clothing stores
- Book stores
- Pharmacies or drug stores
- Diaper services
- Shoe stores
- Dairy companies
- Athletic equipment and apparel stores

Gathering support from businesses is a three-step process:

1. *Write a letter*—Briefly introduce the Kiwanis club. Explain the parenting fair and its goals. Be sure to cite the professional support as well as other known business support. State in clear terms what you are asking of the business. Tell how the donation will be used. Specify what the club will do in return: publicity for the business, recognition on printed programs, verbal recognition. Also be sure to note that the parenting fair is free to the public. Mention that the parenting fair is educational in nature, that demonstrations and sample give-aways are welcome, but the emphasis should not be on sales. Sample letters appear on pages 11 and 12.

2. *Follow-up*—Follow up with a phone call two or three days after mailing the letter. Be prepared to answer questions or concerns. Invite the business person to your next club meeting so he or she can experience the spirit of your club.

3. *Gratitude*—Express your gratitude with a letter, a newspaper advertisement, and a plaque. Space these gestures out over the "before, during, and after" stages of the parenting fair. This way, the business stays involved throughout the process. Gratitude is especially important for future sponsorship of other projects. Make the business feel its money and energy was well spent.

Before you approach even the first business, have the details of the parenting fair planned ahead of time. This way, you won't be surprised by questions to which you don't yet have answers; you'll know how much money you need to ask for; and you'll be able to say what that money will be used for.

"If you want to get good business support," Riccio says, "you have to put the program together, get commitments from recognized professionals, and have the means to give due credit to the businesses in return for their participation."

The Parenting Fair Committee and Club Participation

The club planning committee should consist of at least six members, three of whom must be dedicated. Implementing the fair requires participation from at least twelve additional club members. Each committee member will be responsible for organizing and arranging a certain aspect of the fair:

Professional participation— Writing letters to involve speakers, child-care agencies, and health-care agencies recommended by the professional planning group, and to meet their needs as participants.

Business participation— Contacting local businesses about financial sponsorship.

Entertainment —Arranging entertainment and determining supplies needed for entertainment, such as staging, lighting, and sound.

Publicity—Launching publicity, putting flyers or posters in businesses, mailing news releases, and contacting local media.

Supplies, provisions, regulations— Selecting a site; arranging child care; obtaining supplies and equipment; set-up; checking health and safety regulations to be certain the event occurs within the legal guidelines.

As committee chairman, you should coordinate these efforts and hold a weekly committee meeting to share information and set priorities. All committee members should be aware of the progress the other members are making, so that one does not make arrangements that will hinder another's. The committee chairman must tie it all together into a workable plan.

You may find that some areas involve greater work than others, so it may be wise to assign more than one person to a task. You may even need a larger committee. In addition, there may be circumstances that require other categories to be added to the list above. Certain areas—such as supplies, equipment, set-up, and break-down—may require many members of the club to be involved. When the fair takes place, you will want the entire club involved, if possible. Your committee members will be in charge of their assigned areas and will direct club members working with them.

Timetable

A parenting fair should be planned four months in advance. Planning ahead gives adequate time to work out details or problems.

Four months before the fair:

1. Determine the size and scope of the fair.
2. Develop a list for the professional planning group.
3. Find possible locations.
4. Develop a budget ($500-1,000).
5. Set a date.
6. Hold a planning meeting.
7. Send out letters to possible participants.
8. Begin locating entertainment.

Three months before the fair:

1. Secure funding to cover all expenses the club cannot meet.
2. Determine the number of participants; begin follow-up calls to those who have not answered; begin making confirmations; determine who will speak on what subject.
3. Confirm a location.
4. Begin checking safety and health regulations.
5. Begin asking for in-kind donations for publicity and door prizes.
6. Begin locating equipment and supplies.

Two months before the fair:

1. Make confirmations on speakers, businesses, and entertainment.
2. Map the layout of the fair.
3. Make a tentative program schedule.

One month before and until the fair begins:

1. Work out "bugs" and problems.
2. Begin publicity.
3. Arrange security for fair site and equipment, if necessary.
5. Print the program and distribute.

Create a registration form similar to this one, or copy and personalize this sample.

Parenting Fair Registration Form

Please take a moment to fill out this registration form. This information is completely confidential and will be released to no one unless otherwise specified by you.

Name:

Address:

City: **State:** **Phone:**

What is your age?

Gender :

☐ Male ☐ Female

Do you have children?

☐ Yes ☐ No

How many? **How old are they?**

Are you or your spouse pregnant?

☐ Yes ☐ No

How did you learn about the parenting fair? (Check all that apply)

☐ Newspaper
☐ Radio
☐ Poster/flyer
☐ School
☐ TV
☐ Church
☐ Work
☐ Friend
☐ Other

Would you like to receive information from professional organizations represented at this fair?
(Answering "yes" means that they will be provided with all information on this form.)

☐ Yes ☐ No

Sample news release. Type your own, double-spaced releases similar to this one and send them to newspapers.

FOR IMMEDIATE RELEASE

KIWANIS CLUB OF HILLVILLE
CONTACT NAME: BILL HILL
TELEPHONE: 822-1544

KIWANIS PARENTING FAIR FILLS GAPS IN KNOWLEDGE

Local child care professionals and safety experts will converge on Hillville High School on Saturday, April 10, 1993, from 9:00 a.m. to 5:00 p.m., to instruct parents on the art of raising children at the Hillville Kiwanis Parenting Fair.

Parents with little or no experience raising children, and parents with children entering new stages of development, will receive expert advice from speakers representing such organizations as the Hill County Child Safety Commission, the State Department of Health, the Deering Child Development Research Center, and the Hillville Coalition for Quality Child Care covering topics such as poison prevention, health and fitness for children, early education, and prenatal nutrition. More importantly, parents will learn about agencies and organizations they can turn to for help.

"The parenting fair will give parents an opportunity to gain new insights into raising children," said Kiwanis committee chairman Bill Hill. "Parents face overwhelming challenges today. The Kiwanis Parenting Fair will be an invaluable source of information for them."

After the fair, the Hillville Kiwanis Club, along with the Hillville High School Key Club, will sponsor a fish fry starting at 5:00 p.m. Parents who attend seminars at the fair will receive tokens they can exchange for a meal. A home entertainment center door prize drawing and a performance by the Knitpickers bluegrass band will cap the day's events at 6:00 p.m.

Volunteer help from the Hill-n-Dale Child Care Center will allow parents to leave their children in child care while they attend seminars and browse more than 30 exhibit booths.

The event is also sponsored in part by Three-Ply Department Stores, Wally's Supermarkets, and Five-and-Under Clothing Stores.

PARENTS, DO YOUR CHILD A FAVOR!

DON'T MISS THE

KIWANIS PARENTING FAIR

**9:00 A.M. TO 5:00 P.M.
SATURDAY, OCTOBER 5, 1993
AT INDIAN CREEK HIGH SCHOOL**

This is your chance to:

- Hear lectures about parenting
- Get free advice from professionals
- Talk to other parents
- Win a valuable door prize

FREE CHILD CARE PROVIDED BY TINY TOT CHILD-CARE CENTER

DON'T MISS THIS OPPORTUNITY TO LEARN AND HAVE FUN!

SPONSORED BY:

GOUDY ENTERPRISES
SOMERSET SUPERMARKET
3-Rs DEPARTMENT STORE
THOMPSON ELECTRIC
PARKVILLE HOTEL
BAUHAUS CONSTRUCTION

THE KIWANIS CLUB OF GRANDVILLE

Sample poster/flyer

Sample program schedule

PROGRAM SCHEDULE
for
The Kiwanis Club of Stratford's
PARENTING FAIR

**Saturday, May 8, 1993
Stratford Heights High School**

9:00	Keynote Address—Dr. Frank Quackenbush
10:00	Lecture—Poison Prevention Speaker: Joseph Nietzsche, Poison Control Center
11:00	Lecture—Discipline Speaker: Dr. Linda Dostoyevsky, Child Psychological Services
12:00	Lecture—Health and Nutrition Speaker: Dr. David Chekhov, Brayton University
1:00	Lunch break
2:00	Lecture—Early Influences on Children Speaker: Wanda Wittgenstein, Family Counseling Center
3:00	Lecture—Single Parenting Speaker: Donna Reed, County Social Services
4:00	Lecture—Child Safety Speaker: Chris Dufresne, Coalition to Prevent Child Injury
5:00	Lecture—Choosing and Affording Child Care Speaker: Danielle Spinoza, Child Care Reform Network
6:00	Music — Backstreet Blues Band performing Kiwanis Club of Stratford Fish Fry—Price per meal: $3.00 Located in school parking lot

All lectures will be held in the auditorium.

Printing for this program provided by KwikKopy.

Child Care Registration

If you are leaving a child in child care, you must complete this form. The information asked for on this form is for your child's protection. It is confidential and will not be released.

Your name: ______
Your address: ______
Your phone: ______

How many children are you leaving in child care? ______

Child's name: ______
Age: ____ Eye color: ______ Hair color: ______

Child's name: ______
Age: ____ Eye color: ______ Hair color: ______

Child's name: ______
Age: ____ Eye color: ______ Hair color: ______

Signature: ______

ID#

- -

GIVE THIS PORTION TO THE CHILD-CARE PROVIDER WHEN YOU PICK UP YOUR CHILDREN. DO NOT DISCARD.

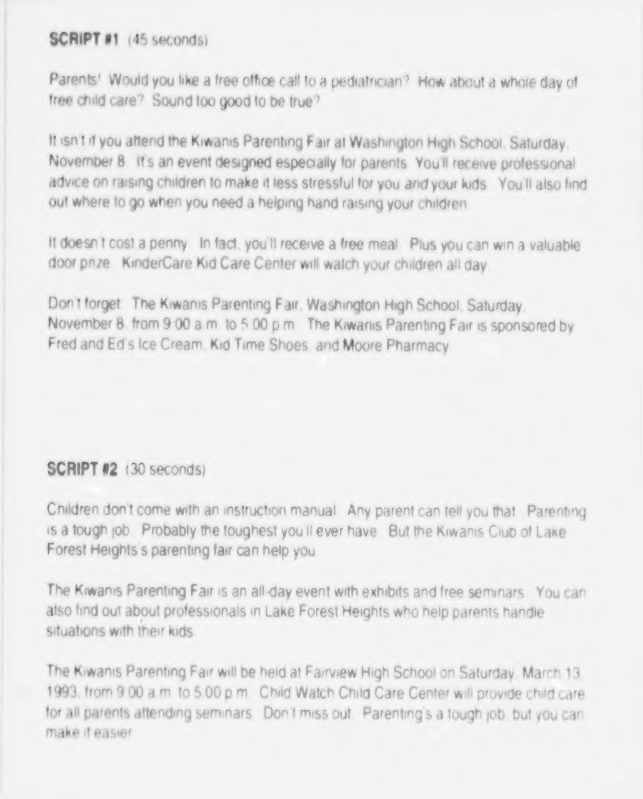
Identification number: ______

Name: ______

Sample child care registration form

BEST COPY AVAILABLE

Sample radio scripts



SCRIPT #1 (45 seconds)

Parents! Would you like a free office call to a pediatrician? How about a whole day of free child care? Sound too good to be true?

It isn't if you attend the Kiwanis Parenting Fair at Washington High School, Saturday, November 8. It's an event designed especially for parents. You'll receive professional advice on raising children to make it less stressful for you *and* your kids. You'll also find out where to go when you need a helping hand raising your children.

It doesn't cost a penny. In fact, you'll receive a free meal. Plus you can win a valuable door prize. KinderCare Kid Care Center will watch your children all day.

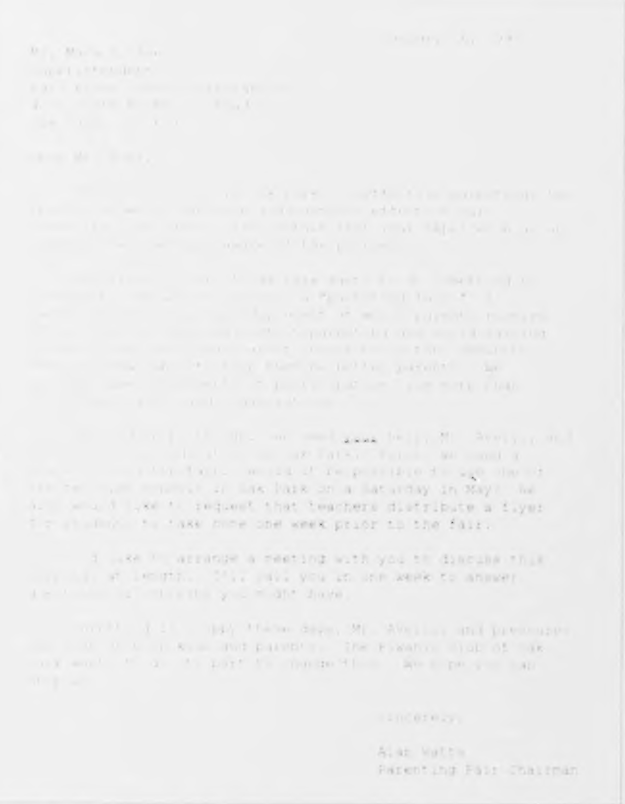
Don't forget. The Kiwanis Parenting Fair, Washington High School, Saturday, November 8, from 9:00 a.m. to 5:00 p.m. The Kiwanis Parenting Fair is sponsored by Fred and Ed's Ice Cream, Kid Time Shoes, and Moore Pharmacy.

SCRIPT #2 (30 seconds)

Children don't come with an instruction manual. Any parent can tell you that. Parenting is a tough job. Probably the toughest you'll ever have. But the Kiwanis Club of Lake Forest Heights's parenting fair can help you.

The Kiwanis Parenting Fair is an all-day event with exhibits and free seminars. You can also find out about professionals in Lake Forest Heights who help parents handle situations with their kids.

The Kiwanis Parenting Fair will be held at Fairview High School on Saturday, March 13, 1993, from 9:00 a.m. to 5:00 p.m. Child Watch Child Care Center will provide child care for all parents attending seminars. Don't miss out. Parenting's a tough job, but you can make it easier.



[illegible]

Dear Mr. [illegible],

[illegible] would like to request that teachers distribute a flyer for students to take home one week prior to the fair.

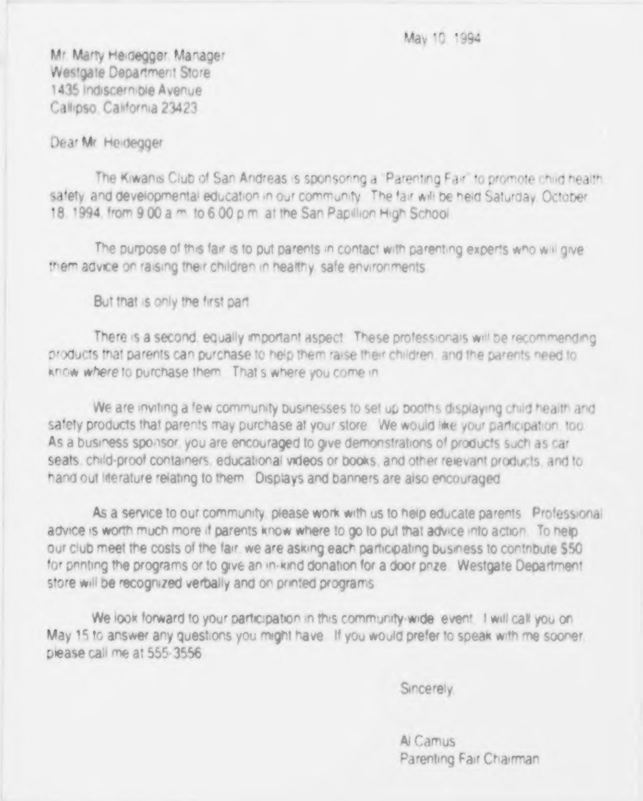
I [illegible] arrange a meeting with you to discuss this [illegible] at length. I'll call you in one week to answer [illegible] you might have.

[illegible]

Sincerely,

Alan Watts
Parenting Fair Chairman

Sample letter to a school superintendent



May 10, 1994

Mr. Marty Heidegger, Manager
Westgate Department Store
1435 Indiscernible Avenue
Callipso, California 23423

Dear Mr. Heidegger:

The Kiwanis Club of San Andreas is sponsoring a "Parenting Fair" to promote child health, safety, and developmental education in our community. The fair will be held Saturday, October 18, 1994, from 9:00 a.m. to 6:00 p.m. at the San Papillion High School.

The purpose of this fair is to put parents in contact with parenting experts who will give them advice on raising their children in healthy, safe environments.

But that is only the first part.

There is a second, equally important aspect. These professionals will be recommending products that parents can purchase to help them raise their children, and the parents need to know *where* to purchase them. That's where you come in.

We are inviting a few community businesses to set up booths displaying child health and safety products that parents may purchase at your store. We would like your participation, too. As a business sponsor, you are encouraged to give demonstrations of products such as car seats, child-proof containers, educational videos or books, and other relevant products, and to hand out literature relating to them. Displays and banners are also encouraged.

As a service to our community, please work with us to help educate parents. Professional advice is worth much more if parents know where to go to put that advice into action. To help our club meet the costs of the fair, we are asking each participating business to contribute $50 for printing the programs or to give an in-kind donation for a door prize. Westgate Department store will be recognized verbally and on printed programs.

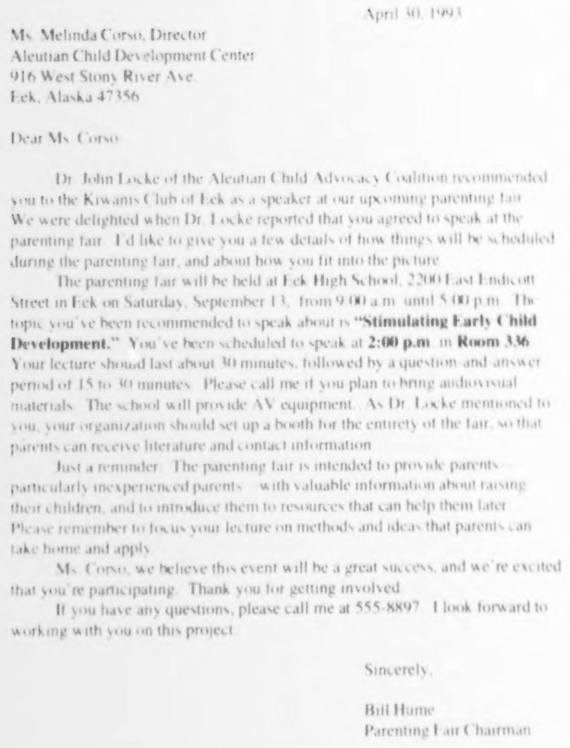
We look forward to your participation in this community-wide event. I will call you on May 15 to answer any questions you might have. If you would prefer to speak with me sooner, please call me at 555-3556.

Sincerely,

Al Camus
Parenting Fair Chairman

Sample letter to a business sponsor

BEST COPY AVAIL



April 30, 1993

Ms. Melinda Corso, Director
Aleutian Child Development Center
916 West Stony River Ave.
Eek, Alaska 47356

Dear Ms. Corso:

Dr. John Locke of the Aleutian Child Advocacy Coalition recommended you to the Kiwanis Club of Eek as a speaker at our upcoming parenting fair. We were delighted when Dr. Locke reported that you agreed to speak at the parenting fair. I'd like to give you a few details of how things will be scheduled during the parenting fair, and about how you fit into the picture.

The parenting fair will be held at Eek High School, 2200 East Endicott Street in Eek on Saturday, September 13, from 9:00 a.m. until 5:00 p.m. The topic you've been recommended to speak about is **"Stimulating Early Child Development."** You've been scheduled to speak at **2:00 p.m.** in **Room 336**. Your lecture should last about 30 minutes, followed by a question-and-answer period of 15 to 30 minutes. Please call me if you plan to bring audiovisual materials. The school will provide AV equipment. As Dr. Locke mentioned to you, your organization should set up a booth for the entirety of the fair, so that parents can receive literature and contact information.

Just a reminder: The parenting fair is intended to provide parents—particularly inexperienced parents—with valuable information about raising their children, and to introduce them to resources that can help them later. Please remember to focus your lecture on methods and ideas that parents can take home and apply.

Ms. Corso, we believe this event will be a great success, and we're excited that you're participating. Thank you for getting involved.

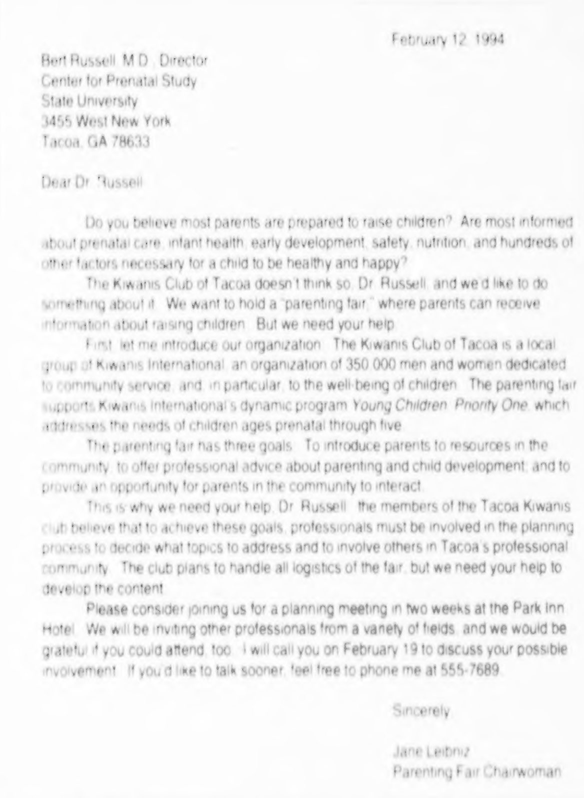
If you have any questions, please call me at 555-8897. I look forward to working with you on this project.

Sincerely,

Bill Hume
Parenting Fair Chairman

Sample follow-up letter to a speaker

Sample solicitation of a business sponsor



February 12, 1994

Bert Russell, M.D., Director
Center for Prenatal Study
State University
3455 West New York
Tacoa, GA 78633

Dear Dr. Russell:

Do you believe most parents are prepared to raise children? Are most informed about prenatal care, infant health, early development, safety, nutrition, and hundreds of other factors necessary for a child to be healthy and happy?

The Kiwanis Club of Tacoa doesn't think so, Dr. Russell, and we'd like to do something about it. We want to hold a "parenting fair," where parents can receive information about raising children. But we need your help.

First, let me introduce our organization. The Kiwanis Club of Tacoa is a local group of Kiwanis International, an organization of 350,000 men and women dedicated to community service, and, in particular, to the well-being of children. The parenting fair supports Kiwanis International's dynamic program *Young Children: Priority One*, which addresses the needs of children ages prenatal through five.

The parenting fair has three goals: To introduce parents to resources in the community; to offer professional advice about parenting and child development; and to provide an opportunity for parents in the community to interact.

This is why we need your help, Dr. Russell: the members of the Tacoa Kiwanis club believe that to achieve these goals, professionals must be involved in the planning process to decide what topics to address and to involve others in Tacoa's professional community. The club plans to handle all logistics of the fair, but we need your help to develop the content.

Please consider joining us for a planning meeting in two weeks at the Park Inn Hotel. We will be inviting other professionals from a variety of fields, and we would be grateful if you could attend, too. I will call you on February 19 to discuss your possible involvement. If you'd like to talk sooner, feel free to phone me at 555-7689.

Sincerely,

Jane Leibniz
Parenting Fair Chairwoman

Sample invitation to a professional

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
USA

(317) 875-8755 Worldwide
(800) 879-4769 North America
(317) 879-0204 FAX

BEST COPY AVAILABLE

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

The Children's Miracle Network Telethon

Lifetime Kiwanis member Al Schrider and his daughter, Kiwanian Trish Oliphant, believe in children's hospitals and the Children's Miracle Network Telethon. When grandson/nephew Trevor was diagnosed with leukemia at age 2, life didn't hold many promises for their family.

Luckily, Trevor's parents took him to Children's National Medical Center in Washington, DC, where he was given a bone marrow transplant using bone marrow donated by his older brother. His parents, who agonized with Trevor through every test, every medical procedure, and every traumatic day and night, never left his bedside. Encouraged by the caring staff at the hospital, they never gave up hope.

And for good reason. Today, Trevor is a happy, healthy child. Because of the people at Children's National Medical Center, Grandpa Al and Aunt Trish can still lovingly spoil the young child that means so much to them. In the words of Aunt Trish, "The whole experience at Children's was wonderful. We still have Trevor thanks to them."

The Need

Children do not react to injuries and illness the same way adults do, either physically or emotionally. And they require special equipment designed to fit their tiny bodies—equipment that ordinary hospitals usually do not have.

That's why children's hospitals exist. They specialize in pediatric medicine, and their equipment and staff cater to the specific needs of young children. Unfortunately, costs involved with the quality care given at children's hospitals—well-trained staff, advanced equipment, research, and intricate treatment—are enormous. In order to maintain this quality care, children's hospitals depend upon donations from the communities they serve.

The Role of Kiwanis

Throughout the years, Kiwanis International has made children happier and healthier, and millions of kids have been able to enjoy better lives as a result. One of the ways Kiwanis helps is by being a contributor to the Children's Miracle Network Telethon. In fact, since the Telethon's beginning in 1982, Kiwanis has donated $9 million — and the donation continues to increase annually.

Last year, Kiwanians donated nearly $1.78 million to children's hospitals through the Telethon and this year, an ambitious $2 million goal has been set by International President Art Swanberg and International Chairman Joe Marshall. They urge clubs to continue their commitment to the community and its children by supporting local Telethon hospitals.

The next Children's Miracle Network Telethon will be held June 4-5, 1994.

By sponsoring the Telethon, Kiwanis keeps company with organizations such as Wal-Mart, Re/Max, Amoco, and Dairy Queen. Kiwanis, however, is different because it is the only volunteer service organization of its kind serving as a national sponsor.

Besides nursing young children back to good health, Telethon hospitals often serve as the nucleus of community programs involving maternal and infant health, parent education and support, and safety and pediatric trauma. For these reasons, club participation in the Telethon qualifies as an official *Young Children: Priority One* project.

The Telethon

Founded by the Osmond Foundation, the Children's Miracle Network supports children's hospitals through its annual telethon. Hundreds of millions of dollars have been raised for 166 children's hospitals throughout the United States, Canada, and New Zealand.

It's unique because the funds raised locally go directly to the local children's hospital. Funds are reported to the Children's Miracle Network national office by the participating Telethon hospital so that a grand total can be figured for the Telethon broadcast. Even funds raised during the Telethon broadcast stay in the hospital serving your community.

The national Telethon broadcast, its production, and day-to-day operating costs for the Children's Miracle Network are paid for by corporate underwriters, the Osmond Foundation, and hospital membership fees. No funds donated locally are sent to the national office for any such purpose.

Telethon Hospitals

Not every community has a children's hospital, but every community is *served* by one. Though most participating hospitals concentrate on treating children, some offer other services as well. In addition to children's hospitals, Telethon hospitals might include:

- Birth defects and infant mortality prevention foundations
- Hospitals with a strong pediatric focus
- Pediatric research foundations

On the average, Telethon hospitals use 43 percent of their Telethon funds for new equipment and expansion, 34 percent for patient services, 12 percent for health education programs, and 11 percent for research.

These hospitals treat five million children suffering from various types of afflictions each year. Examples include pediatric trauma, accidental injury, cancer, heart and muscular diseases, birth defects, cerebral palsy, and AIDS. They pride themselves on treating the whole child and rendering service based on need, *not the ability to pay.*

Please note that not all children's hospitals are Children's Miracle Network Telethon hospitals. You can consult with your district Telethon chairman or the Kiwanis International Office to find out which Telethon hospital serves your community.

Awards for Participation

Miracle Maker Contest

The Osmond Foundation sponsors the "Miracle Maker" contest, which awards a trip to Disneyland to one outstanding Kiwanis supporter of the Telethon. That trip includes round-trip airfare and hotel accommodations for one club member to attend the following year's Telethon broadcast in Anaheim, California. Free tickets to Disneyland are included for the Telethon broadcast dates. The winning Kiwanian will appear on national television with the International President or an International Board representative.

Also under the "Miracle Maker" contest, a plaque is awarded to the winning member and a certificate and banner patch will be awarded to his or her club. Thirty-one certificates—one per district—are awarded to runner-up clubs for their efforts. Three special Telethon banner patches per district are awarded to outstanding clubs for their participation.

Nomination forms for the "Miracle Maker" contest will be sent to all club secretaries in May.

Banner Patches

Clubs participating in the Telethon may qualify to receive *Young Children: Priority One* banner patches. Contact your lieutenant governor or district *Young Children* chairman for more information.

Some districts and hospitals give Telethon banner patches to participating clubs. Ask your district Telethon chairman and hospital Telethon Coordinator about Telethon banner patches.

Supporting the Hospital

If your club is interested in supporting your local Telethon hospital, here are some steps you should take before implementing fund-raising projects.

1. *Consult with your district Telethon chairman.* Ask him or her about previous district support of the Telethon, and find out which Telethon hospital your club supports. Obtain the name and phone number of a contact person (Telethon Coordinator) from that hospital. See if any district projects are being encouraged. Ask about banner patches and other awards.

2. *Consult with your hospital's Telethon Coordinator.* Ask him or her to speak at a club meeting. During the meeting, ask questions about the hospital, its services, and how your potential donations will be used. Ask how many children from your area are treated annually at the hospital. Arrange for a club tour of the hospital if possible.

3. *Talk to your lieutenant governor (optional).* See if division-wide projects are possible. Inform him or her that you are considering participation in the Telethon and ask about *Young Children: Priority One* banner patches and other possible awards.

4. *Obtain approval from your club's board.* Discuss the Telethon with your club's board of directors before implementing a fund-raising project in support of your Telethon hospital.

5. *Form a Telethon committee.* Select a club chairman to communicate with the Telethon Coordinator and district Telethon chairman on a regular basis. Choose a fund-raising project that will meet the needs of your club. Carefully plan and execute that project.

Fund-Raising Projects

Miracle Mile of Quarters

Kiwanis clubs currently raise thousands of dollars for the Telethon by holding "Miracle Mile of Quarters" (MMQ) events. Typically, MMQs are centered around a well-trafficked place or event. Kiwanians lay quarters out, side by side, until they reach a mile (63,360 quarters). This mile translates to $15,840 for kids at the hospital.

Steps involved include:

1. Select a date and location. A busy mall, shopping plaza, children's fair, or any other heavily populated location or event is appropriate.

2. Raise "seed" quarters. Begin this stage at least 6 months prior to the MMQ. The earlier you do this, the more money you will raise.

- Ask club members to pick quarters from loose change each day and bring them to each weekly meeting.
- Persuade local businesses to allow you to clean coins out their fountains or wishing wells. Provide them with an engraved plaque that says "Donations benefit (hospital name)."
- Place coin cannisters in local businesses. Make your own cannister and poster or order one from Children's Miracle Network, 801/278-8900.
- Plan one or two special "mini-mile" fund-raising MMQs in a local shopping center.

3. Arrange for entertainment in conjunction with your MMQ (optional). By providing entertainment, you will draw a larger crowd and create a more festive atmosphere.

4. Persuade local merchants to help sponsor the MMQ (optional) and its accompanying activities. If you're using a shopping mall, this should be easy since it will draw more business for the potential sponsors.

5. Publicize the big event one month in advance.

- Obtain media publicity from local television and radio stations and newspapers.
- Distribute posters and flyers.

6. Conduct the MMQ.

- Convert the money your club has raised into quarters.
- Lay your mile of quarters out in an unusual pattern. This will not only save space, but attract attention. Miles that wind around corners, up and down stairs, or take unusual twists are big attention-getters.
- Use double-sided stick tape to lay out your pattern.
- Provide entertainment.
- Ask passers-by to donate to your MMQ. Be sure to explain that donations benefit the local children's hospital.

Duck Races

Clubs in communities with a canal, river, or other waterway might stage a rubber duck race. For five dollars, Kiwanians can sell "adopted rubber ducks" which have numbers on the bottom. These adopted ducks are dumped into a waterway and float toward a "finish line." The person whose duck crosses the finish line first wins. Second, third, and fourth-place finishers are also awarded prizes.

Duck races are perfect division-wide projects because they require considerable start-up costs for prizes, equipment, and entertainment, and many service hours to sell ducks, select a location, purchase prizes, and promote the event. Fortunately, the return is worth the investment. Duck races are usually a big success, sometimes netting more than $300,000 for the sponsoring club(s) involved!

To hold a duck race, clubs should consult with The Great American Duck Race. This organization rents the ducks to clubs and provides guidelines for holding a successful event. For more information, contact:

The Great American Duck Race
3200 Camelback Road, Suite 229A
Phoenix, Arizona 85018
Phone: 602/957-3825

Coupon Book Sales

Coupon book sales work best as a multi-club or division effort. However, it means little work and lots of profit for clubs involved. Sales like the one outlined below have the potential of raising $40,000 or more.

Steps involved include:

1a. Hire a professional advertiser to sell at least 60 coupon ads for $100 each.

OR

1b. Select 100 businesses in your community, divide them amongst club members, and have members sell coupon ads to these businesses for $100 each. Point out to these businesses that the coupons will bring about enormous opportunities for their business. Create a form that will ask businesses to type exactly what they want their ad to say and give them a receipt. In addition to the typed ad, collect logo slicks (black and white work best) from each business for the printer to use in creating the coupon booklet.

Businesses to consider are local restaurants, movie theaters, supermarkets, sports or exercise facilities, jewelry stores, florists, salons, and other merchants.

Coupon ideas might include a set dollar amount off services or admissions, "buy one get one free" deals, percentages off purchases, free trial memberships, free jewelry cleaning, and so forth.

If your clubs sell at least 60 coupon ads, you're well on your way to money for your hospital.

2. Take your proposed booklet to several local printers and determine which one will print the coupon booklet at the lowest cost. Cost of typesetting and printing should be covered by the sale of 60 ads ($6,000).

Ask to see a "silver" or "blue-line" prior to printing. Proofread this copy before allowing the printer to continue with the printing process. Have each business approve its coupon. Keep in mind your club will pay for each "silver" or "blue-line" requested, so make only necessary changes and proof it well the first time. Have at least 15,000 books printed.

For the booklet cover, be sure to include the Kiwanis clubs involved, the benefiting hospital, how many dollars worth of coupons are in the booklet, and the booklet price ($3 is a fair amount). See the sample on the back of this service bulletin.

3. Have club members sell booklets for $3.00 each to their friends, associates, and families. If you sell all 15,000 booklets at this cost, a $45,000 profit is possible.

Airplane Toss for Kids

This event should be tied-in with a local sports team, professional, college, high school, or even amateur league. Participants purchase paper airplanes to toss onto a playing field with the opportunity to win prizes by landing their plane in a "prize square." The official entry form (which is also the official paper airplane for the event) should be sold both prior to and throughout the sporting event.

Steps involved include:

1. Arrange participation and select an event date with the local sports team. Determine whether prize squares will be drawn, taped, or chalked and who will create them on the playing field or court.

2. Secure prizes from local merchants. Consider the size of the sporting event and the potential sales when selecting the grand prize and smaller prizes (if it's a professional team, a car might be appropriate; for a high school team, a color television might be an adequate prize).

3. Print entry forms. Include rules, the date, and so forth on the form. One key instruction will be for participants to keep their form. They will use it to create their airplane at the event. Set up your own guidelines regarding cutting and folding airplanes.

4. Publicize your event. Use your local radio and television stations and newspapers. Have posters printed or made and place them in local schools, businesses, and so forth.

5. Sell entry forms prior to and during the sporting event. Hold the event during half-time, or between the final periods, quarters, or innings of your sporting event.

Miracle Balloon Sales

"Miracle Balloon" sales are a great way to boost your current Telethon support. Individual club members do this project in their places of business.

Steps involved include:

1. Contact your Telethon Coordinator. See if you can obtain "Miracle Balloons" from him or her. If not, order them from the Children's Miracle Network, 801/278-8900. See the sample "Miracle Balloon" on page 6 of this bulletin.

90

2. Have participating club members give balloons, along with 5 or 6 felt-tip markers and some adhesive tape (or push-pins), to the receptionist, hostess, or some other person who greets the public in his or her place of business. Instruct that person to sell the balloons at $1 each to patrons and employees. Purchasers should write their name on the balloon and tape or pin them to a designated wall or area in the business.

3. Have club members buy a few balloons themselves to show their support. If club members aren't willing to buy, employees and patrons won't be likely to purchase, either.

IOF Foresters "Family Fun Days"

Kiwanis clubs have been invited to participate in another national Telethon sponsor's efforts to raise money for hospitals. The Independent Order of Foresters (IOF Foresters), a non-profit fraternal benefit society, conducts "Bowling for Miracles" events on their "Family Fun Days" in February and March. Essentially, "Bowling for Miracles" events are a bowl-a-thons that take place in various places throughout North America. They are great K-Family projects.

Club participation in this event is perfect for clubs that wish to boost their current telethon support or that have never participated in the Telethon because:

- Kiwanis clubs are not involved in planning, selecting sites, reserving locations and entertainment, and so forth. All the preliminary arrangements are made by IOF Foresters members.
- Kiwanis clubs need only to obtain pledges, attend and participate in the bowl-a-thon, and collect their money.
- Kiwanis clubs will receive local and national credit for their contributions raised during the events.
- Kiwanians are eligible to win prizes ranging from certificates to a trip to Disneyland.

To find out about local IOF Foresters "Family Fun Days" events, call the Children's Miracle Network toll-free "Bowling for Miracles" hotline at 800/258-4266.

Other events

Try designing your own event. To make the profits higher, challenge other Kiwanis clubs in your division to match or beat your efforts by participating in one of the following:

Sports Events:
golf tournaments, 10K runs, triathalon, old timer's baseball, softball tournaments.

A-thons:
ski-a-thon, rock-a-thon, bake-a-thon (in conjunction with a bake sale), swim-a-thon, bike-a-thon, walk-a-thon, dance-a-thon, phone-a-thon (contact your Telethon Coordinator to see if the hospital holds one prior to the Telethon), doodle-thon.

Social Events:
pancake breakfast, spaghetti dinner, fish fry, bridge tournament, bingo.

Entertainment Events:
carnival, fair, talent show.

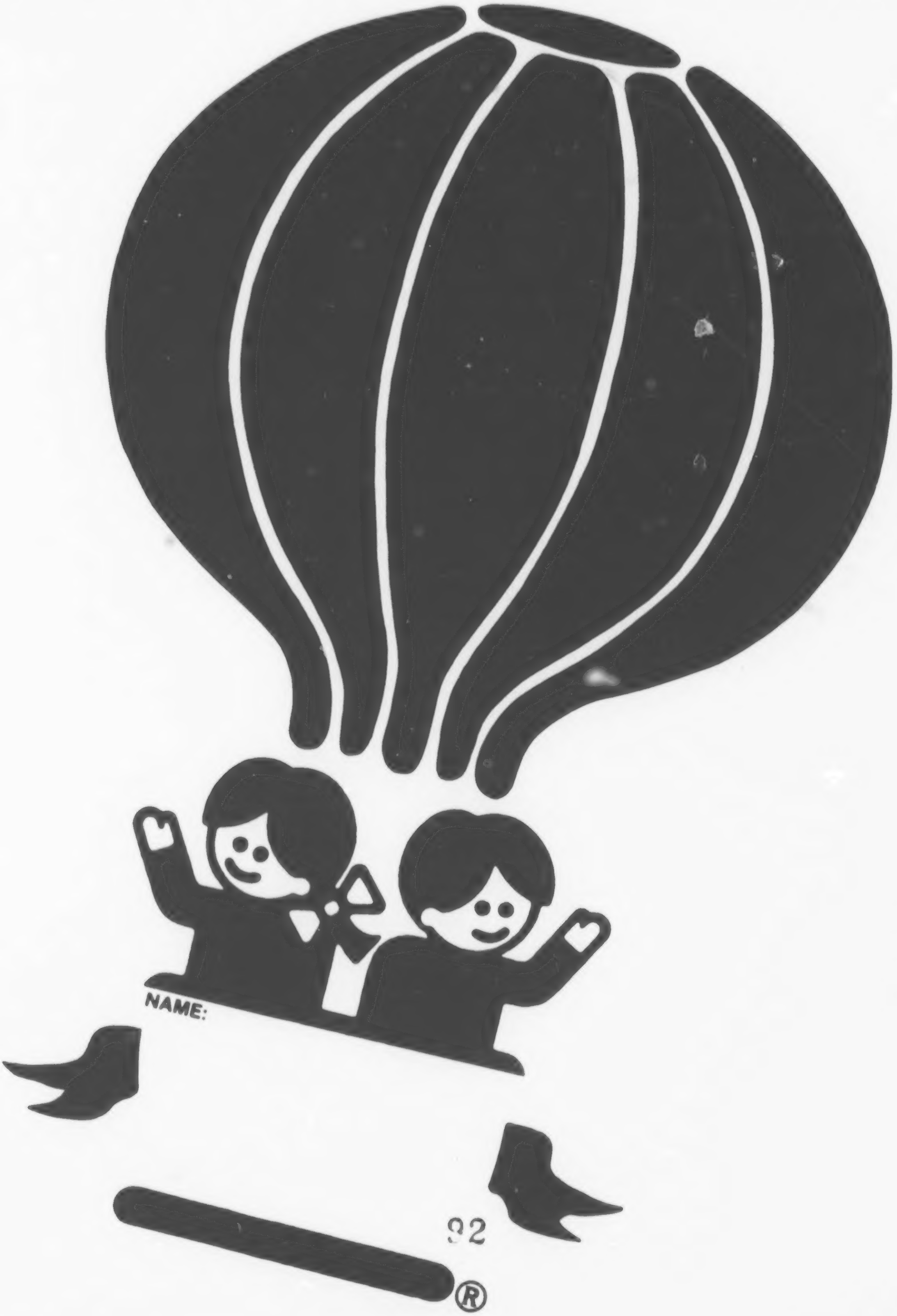
Theme Parties:
treasure hunt, road rally, casino night.

Sales/Auctions:
silent or live auction, raffle, bake sale, candy sale, holiday sale (Christmas cards, carnations for Valentine's Day), car wash, rummage sale, flea market, craft sale.

Contests:
scavenger hunt, square dance, chili cook-off.

Sample "Miracle Balloon"

Check with your local hospital to see if it provides these or order a supply from the Children's Miracle Network, 801/278-8900.



Children's Miracle Network Logos

Use these logos when promoting your fund-raising event.

Children's
Miracle Network
Telethon
It's Working Wonders.

Children's
Miracle Network
Telethon
It's Working Wonders.

Children's
Miracle Network
Telethon
It's Working Wonders.

Children's Miracle Network Telethon
It's Working Wonders.

Children's Miracle Network Telethon
It's Working Wonders.

Young Children
PRIORITY ONE

Young Children
PRIORITY ONE

Young Children
PRIORITY ONE

Young Children
PRIORITY ONE

Young Children
PRIORITY ONE

Young Children
PRIORITY ONE

Children's Miracle Network
SPONSOR
• Supporting Your Local Hospital For Children •

Children's Miracle Network
SPONSOR
• Supporting Your Local Hospital For Children •

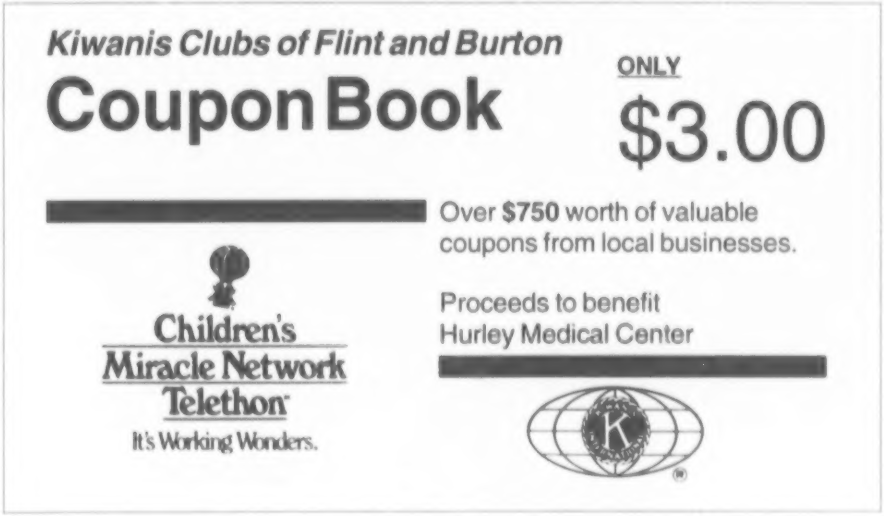
Children's Miracle Network
SPONSOR
• Supporting Your Local Hospital For Children •

Children's Miracle Network
SPONSOR
• Supporting Your Local Hospital For Children •

Children's Miracle Network
SPONSOR
• Supporting Your Local Hospital For Children •

Sample Cover for Coupon Book

Include the Kiwanis clubs involved, the benefiting hospital, how many dollars worth of coupons are in the booklet, and the booklet price.



Kiwanis Clubs of Flint and Burton

Coupon Book

ONLY

$3.00

Over **$750** worth of valuable coupons from local businesses.

Proceeds to benefit
Hurley Medical Center

Children's Miracle Network Telethon
It's Working Wonders.

For more information, contact:

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196

Worldwide: (317) 875-8755
North America: (800) KIWANIS
Fax: (317) 879-0204
9/93

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Smoke Detector Safety

The Danger of Residential Fires

The piercing ring of the smoke detector awakens you in the middle of the night. It is darker than you expect, and something burns your eyes. There's a fire in your house! Even as you wake your spouse, you realize you must reach the children . . . .

It can happen to any family, and results in tragedy more often than you might realize. A fire can spread through a house in minutes. Rooms heat up to their "flash point" and explode into flames. The smoke is black, dense, and often poisonous; the heat can be far hotter than your oven's highest temperature setting.

That is why smoke detectors are so important. The chances of dying in a house fire are cut in half when a working smoke detector is present. Its early warning provides your family with enough time to escape to safety. Every home should have at least one—and probably several.

One of the leading causes of death among children is fire in the home. In fact, in nearly one-fourth of all states in the U.S., residential fires are the number one cause of death among children. More than two-thirds of those children are five years old or younger.

Because children's skin is thinner than that of adults, they burn more easily and suffer severe burns at lower temperatures. This makes children the most likely victims of what many medical experts consider to be the most devastating injury a human being can sustain and survive. Excruciating pain can last for days or weeks, and the physical and psychological scars may last a lifetime.

According to statistics, the lower the socioeconomic status of a family, the more likely the family will face a fire in its home. Burned children are also more likely to be from single-parent families or to be one of several children in the home.

Club Involvement

A club can help prepare families for the danger of fire by conducting a community education campaign, installing smoke detectors, and replacing the batteries in smoke detectors. Any one of these activities would be helpful, but all three are needed.

A club that embarks on any of these projects should begin by contacting the local fire department or the union to which the fire fighters belong (after obtaining approval from the club's board of directors). These very natural allies will have expertise that will improve the education effort and credibility that will help get teams into houses to check or install smoke detectors. The fire department may have additional sources of educational materials, and the fire station can serve as the focus for organizing the campaign and developing publicity. In addition, contact your State or Local SAFE KIDS Coalition to collaborate with Project GET ALARMED activities. Call the Campaign National Field Office at (202) 939-4993 for the name and telephone number of the nearest coalition coordinator.

Public Education

Most people don't understand what a fire in the home is like. As a result, they fail to prepare their children for the emergency, and they themselves are likely to respond inappropriately—putting their family in peril. The brochures titled "Fire—A Family Killer" and "Protect Your Children" on pages 7 and 9 of this bulletin are designed for your club to print and distribute throughout the community. They describe a residential fire and explain how to prepare for one.

The brochures can be distributed at supermarkets, drug stores, libraries, community centers, schools, police stations, and, of course, fire stations. Another approach would be to have the brochures printed in a local newspaper or included with advertising circulars that are distributed to all homes in the community.

A more comprehensive education campaign could involve the purchase of materials from the National SAFE KIDS Campaign™, a national childhood safety organization of which Kiwanis International is a member. The National SAFE KIDS Campaign has developed a ten-minute "Project GET ALARMED" audiovisual program which explains the importance of having working smoke detectors and a practiced escape plan. A companion brochure is for sale in sets of 100. An order form for these materials and a guide for a residential fire detection program appears on page 11. To learn more about the National SAFE KIDS Campaign write to the address on the order form or call (202) 939-4993.

A variety of fire safety publications is available from the Resource Center of the National Volunteer Fire Council, 1325 Pennsylvania Avenue, NW, Suite 500, Washington, D.C., 20004. Write or call (301) 621-7191 for a free catalog.

Replacing Batteries

The National SAFE KIDS Campaign estimates that 80 percent of all homes in the United States have smoke detectors. Unfortunately, only two-thirds of those homes are protected by their smoke detectors because the rest of them don't work. The International Association of Fire Chiefs is even more pessimistic. It estimates that half of all smoke detectors have dead or disconnected batteries.

There are three ways to address this problem. The club can offer to replace the smoke detector battery for anyone who requests it. Second, the club can send out teams to canvass neighborhoods, offering to check the battery in each home's smoke detector. Or, third, the club can develop a list of likely candidates (low–income families with young children) for assistance and target its efforts to those families.

Battery-Check Service

Announcing in the local media that the club will check smoke detectors on request allows the club to serve an entire community. Service is given only to those who request it, and it can be scheduled when convenient. If the club has a large number of batteries and workers, the public service announcement can run once a week until the supplies are exhausted by requests. If resources are limited, these limits can be explained in the announcement.

To begin this project, the chairman should develop some estimate of either the number of requests the club might receive or the resources the club can devote to the project. A conservative approach would be to look at the support given to other recent new projects and calculate what could be accomplished with the same level of support, assuming each nine-volt battery costs three dollars, and each battery check will take half an hour (for travel, checking the battery, and replacing it). Look at your club's recent history and test the level of interest in the project to develop your own estimate.

A more ambitious approach would be to estimate the total number of requests that would result if the advertisement ran continuously for many weeks or months. Assume that 5 percent of the "audience" will respond by asking for a battery check. Now, figure out how many people giving four or five hours of their time would be needed to complete all these battery checks. This will probably require recruitment of additional workers for the project—perhaps going to other Kiwanis clubs, Circle K, Key Clubs, Builders Clubs, or other organizations.

Once the scope of the project, with cost and personnel estimates, has been approved by the club's board of directors, the committee can begin recruiting its "business partners" for the project. The first partners should be the fire department or fire fighters union. The participation of the fire fighters in the battery checks will open doors that might otherwise remain closed. Additional volunteer support can then be solicited from other clubs and organizations.

The second partner is a newspaper, radio station, or television station willing to announce the battery-check service. Kiwanis clubs can also ask utility companies, TV weather reporters, and others to remind people to test their detectors and change batteries. A sample print public service announcement and an example of a radio/TV script appear on pages 4 and 6. The final partner is a store that will provide the batteries for free or at a significant discount. This can be a hardware store, discount house, supermarket, pharmacy, or any other merchant that sells a high volume of batteries. Manufacturers of batteries are also excellent potential partners.

As the committee receives letters or phone calls requesting help, it should set up assignments for one or two people to visit several houses. A sample assignment sheet appears on page 5. The team should call ahead to arrange times for its visits. Each team will need assorted sizes of batteries, a ladder, flashlight, copies of fire safety literature to give to each family (see the ready-to-print brochures on pages 7 and 9), and release from liability forms (sample on page 12). A screwdriver, a few screws, and a pair of pliers may prove helpful if a smoke detector proves difficult to open or is poorly secured.

When teams visit their assigned homes, they should complete the assignment sheet and return it to the committee. This will allow the committee to calculate the total effect of the project, follow-up on loose ends, and set up a list of families who should be contacted in the future about replacing batteries.

Canvassing a Neighborhood

Another approach to replacing batteries in smoke detectors is to select a neighborhood that seems to need this service and conduct a door-to-door campaign. The fire department can probably recommend several neighborhoods that have sustained a high number of home fires. People who wouldn't notice or respond to an advertisement might receive help this way, and more children who are at risk will probably be protected. This approach also makes it possible to identify homes that need smoke detectors, which could be installed at a later date. The drawback to this method is that a limited number of houses can be canvassed. Thus, the club may want to consider doing this project in conjunction with the smoke detector battery-check project. In any case, the neighborhood to be canvassed should be carefully chosen.

To begin a canvassing project, the committee should work with the fire department to identify a neighborhood that needs this project and count the number of homes to be visited (counting each apartment as a home). Assume that each team will canvass six homes per hour, then decide how many hours each team will work. Divide these numbers into the number of homes to be visited to discover how many teams are needed. Assume that one-half of the homes will need new batteries for their smoke detectors. With these estimates, the project can be presented to the club's board of directors for approval.

The business partners for this effort are the fire department or fire fighters union, a store that sells batteries, and a local printer. The printer is needed for a flyer (sample on page 4) that can be delivered to each house a week before the canvass, explaining what the club and fire fighters are doing and urging them to be at home during the canvass.

The committee can give each team a list of addresses to visit, with space for the team to write what happened at each address. Teams should be composed of a fire fighter and a Kiwanian, and it will help if the fire fighters wear their uniforms. At the end of the day, each team should hand in its list so that the committee can total up the number of families the project helped and note addresses that should be contacted again later.

Targeting Needy Families

A third approach to this project is to consult the human services department or other agencies (such as weatherization agencies, WIC or AFDC) that help needy families. The club then contacts all the recommended families and offers to make a fire safety check. This approach allows the club to schedule all the appointments and more efficiently use members' time.

Secure approval of the club's board of directors before contacting the human services department. Informally survey the club to find out how many will participate in the project. Also, recruit business partners for the project, discussing with the stores involved how many families should be assisted. With these parameters in mind, contact agencies that help needy families and collect names, addresses, and phone numbers. Organizing this information will be easier on a computer.

Create short lists of a few families that are geographically close and give each list to a team, along with a blank index card for each contact and a script for the telephone call, like the one below:

> "This is Robert Baillergeon from the Kiwanis Club of Freeport. My club, along with the Freeport Fire Department, is replacing batteries in smoke detectors and installing smoke detectors where they are needed. This is a free service. We're doing this because 90% of child fire deaths occur in homes without *working* smoke detectors. Would you like to participate in our safety check program? We'll be visiting homes during Fire Prevention Week October 6th through the 12th. Would you prefer that I send you a brochure first, or would you like to schedule an appointment now? Now? All right.
>
> What day would be convenient for you? What time of day would be more convenient: morning, afternoon, or evening? Morning would be better? Okay. We can't guarantee a specific time, but we'll be there that morning.
>
> Now, I'd like to confirm your address. And can you give me any other information that will make it easier to find your home/building?
>
> My number is 864-2157. Please call me if you discover you won't be home for your appointment. You can also call Fire Chief Dan Barnett at 864-2722. In the meantime, I'll go ahead and send you a safety brochure along with a confirmation of our appointment.
>
> Do you have any questions? Well then, I'll see you a week from Saturday."

The equipment needed for the visits was described in the previous section. Once a team completes visits to the assigned families, the assignment sheet can be turned in, and updated information can be entered into the database for future reference.

Publicity

Publicizing this project is important for three reasons. First, the people in the community need to be warned before strangers start calling them or knocking on their doors, offering to check their smoke detectors. Second, the businesses supporting the project deserve public recognition for their contributions. Finally, people should realize that your club is responsible for the entire project.

A sample news release and a public service announcement for the project appear on pages 4 and 6 of this bulletin. These can be adapted for use by your club. In addition, a spokesperson for your club can contact radio and television stations and urge them to announce the project. The fire department makes an excellent background for publicity photos and announcements.

After the project is completed, follow up with a news release that tells how many families were helped and again thank the businesses that donated materials.

Follow-Up

Batteries should be checked once each year, so the contacts made during the first year of this project will be the basis for the next year's project. Share the information you have collected with local government officials on health and safety so that they can track what effect the project has on the level of safety in the community.

The club can also discuss with the local fire department whether the community's smoke detector ordinance needs to be strengthened. Information on smoke detector ordinances is available from the National SAFE KIDS Campaign or the Kiwanis International Office.

Use flyers, ads, and press releases similar to the samples below and on page 6 to publicize the project. Teams should use the sample assignment sheet on the next page to keep track of their visits to homes.

Sample Print Public Service Announcement for Newspapers

We Want to Make You Safer!

A working smoke detector cuts in half the chances of dying in a fire. That's why we're offering these FREE services. We want to visit your home to:

- **Check the battery in your smoke detector.**
- **Install a smoke detector if you don't have one.**
- **Tell you how to survive a fire in your home.**

Members of the Kiwanis Club of Lytton and Fire Fighters Union Local 203 will be making home visits October 6-12. If you would like to set up an appointment, call 595-4230.

Batteries and smoke detectors generously provided by:

Strachey's Hardware   Edward Lumber Company   Corso Drugs

This announcement provided as a public service

Sample Pre-Canvass Flyer

FIRE SAFETY DAY FOR YOUR NEIGHBORHOOD IS NEXT SATURDAY!

- Free batteries for smoke detectors.
- Free smoke detectors for 25 families.
- Free expert installation.
- Fire truck at 9th Street & Maryland.

Members of the Frankfort Fire Department and the Frankfort Sunrisers Kiwanis club will be in your neighborhood on Saturday, October 12, from 9:00 a.m. to noon.

Teams in red caps will be knocking on doors and offering to install new batteries or new smoke detectors. Please arrange to have someone at home to take advantage of this free service.

A fire truck will be parked at 9th and Maryland to attract children to special educational activities from 11:00 a.m. to 2:00 p.m. Bring your children after you receive your new battery.

Read the attached brochure to learn more about the importance of this fire safety effort. If you have additional questions, please call 555-3482 or 778-2493 after 5:00 p.m.

Please let us visit your home to help protect you from fires.

Batteries generously provided by Big D Discount.
Smoke detectors provided by Homeland Lumber and the Frankfort Sunrisers Kiwanis club.
All printing donated by Quicki Printer.

Sample Assignment Sheet

Smoke Detector Battery Program

Team Members

Fire Fighter ______________________ Phone ______________

Kiwanian ______________________ Phone ______________

Assignment

Date ______________________

	Time	Name/Address/Phone	Battery	Smoke Detector
1.				
2.				
3.				
4.				
5.				

Comments on Visits

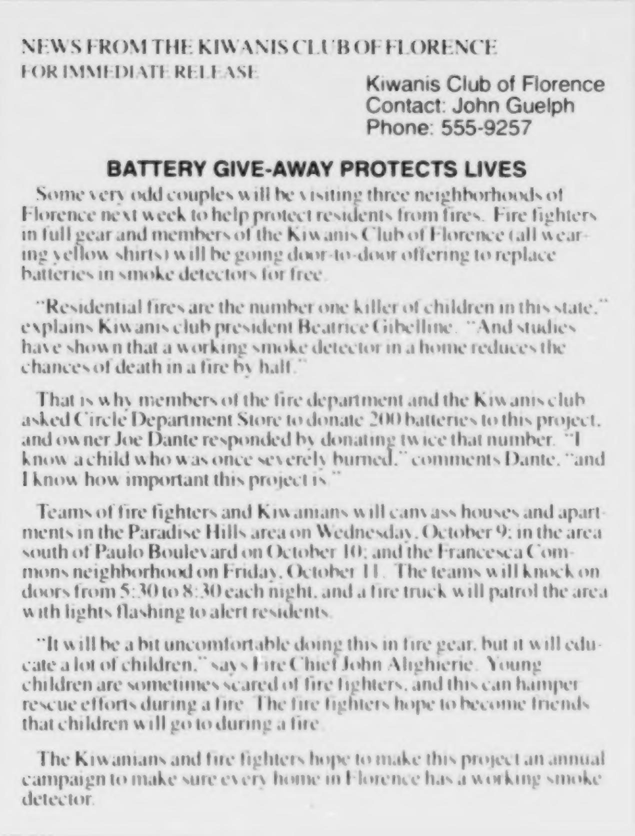
1. ______________________________________

2. ______________________________________

3. ______________________________________

4. ______________________________________

5. ______________________________________



NEWS FROM THE KIWANIS CLUB OF FLORENCE
FOR IMMEDIATE RELEASE

Kiwanis Club of Florence
Contact: John Guelph
Phone: 555-9257

BATTERY GIVE-AWAY PROTECTS LIVES

Some very odd couples will be visiting three neighborhoods of Florence next week to help protect residents from fires. Fire fighters in full gear and members of the Kiwanis Club of Florence (all wearing yellow shirts) will be going door-to-door offering to replace batteries in smoke detectors for free.

"Residential fires are the number one killer of children in this state," explains Kiwanis club president Beatrice Gibelline. "And studies have shown that a working smoke detector in a home reduces the chances of death in a fire by half."

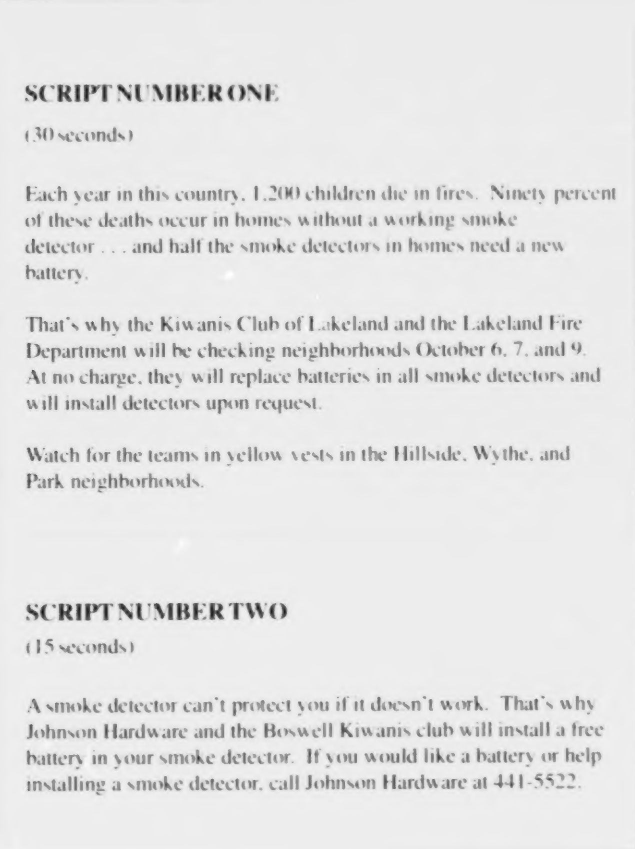
That is why members of the fire department and the Kiwanis club asked Circle Department Store to donate 200 batteries to this project, and owner Joe Dante responded by donating twice that number. "I know a child who was once severely burned," comments Dante, "and I know how important this project is."

Teams of fire fighters and Kiwanians will canvass houses and apartments in the Paradise Hills area on Wednesday, October 9; in the area south of Paulo Boulevard on October 10; and the Francesca Commons neighborhood on Friday, October 11. The teams will knock on doors from 5:30 to 8:30 each night, and a fire truck will patrol the area with lights flashing to alert residents.

"It will be a bit uncomfortable doing this in fire gear, but it will educate a lot of children," says Fire Chief John Alighierie. Young children are sometimes scared of fire fighters, and this can hamper rescue efforts during a fire. The fire fighters hope to become friends that children will go to during a fire.

The Kiwanians and fire fighters hope to make this project an annual campaign to make sure every home in Florence has a working smoke detector.

Sample News Release for Newspapers



SCRIPT NUMBER ONE

(30 seconds)

Each year in this country, 1,200 children die in fires. Ninety percent of these deaths occur in homes without a working smoke detector . . . and half the smoke detectors in homes need a new battery.

That's why the Kiwanis Club of Lakeland and the Lakeland Fire Department will be checking neighborhoods October 6, 7, and 9. At no charge, they will replace batteries in all smoke detectors and will install detectors upon request.

Watch for the teams in yellow vests in the Hillside, Wythe, and Park neighborhoods.

SCRIPT NUMBER TWO

(15 seconds)

A smoke detector can't protect you if it doesn't work. That's why Johnson Hardware and the Boswell Kiwanis club will install a free battery in your smoke detector. If you would like a battery or help installing a smoke detector, call Johnson Hardware at 441-5522.

Sample Radio/Television Script

INSTRUCTIONS

The following two pages are brochures, ready to be printed. To use these masters:

1. Remove the staples in the gutter between the pages.

2. Cut along the gutter fold.

3. Have the brochure printed, double-sided.

4. Have the printed brochures folded like business letters (#10 letter fold), with the panels "Fire: A Family Killer" on one and "Protect Your Children" on the other as the covers.

Type. Etc. #91021 4-19-91

Clear up misconceptions. The smoke is poisonous and the fire moves fast. Children may want to hide from the fire — and the fireman — rather than leave the burning house.

Plan two escape routes. If one route is blocked, the other can lead you to safety. Each route should end at the designated meeting place for the family, a safe distance from the house.

Learn the fire safety crawl. Stay low, where it's cool. Cover your mouth and nose with a cloth to block poisonous fumes. Touch doors to see if they are hot before opening. Dont' stop to call the fire department or gather valuables.

Practice. Practice regularly at night, in the dark. Try both escape routes.

- **Remember — Once you are out of a burning building, *stay out.* If someone is missing, tell a firefighter.**

The information in this brochure
was provided by the National
SAFE KIDS Campaign,
Washington, D.C.

Developed for local Kiwanis clubs by
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268

Fire

A Family Killer

A safety brochure
distributed by your local
Kiwanis club

A Race for Your Life

Your house catches on fire in the middle of the night. Could you get your family out of the house in two minutes? That might be all the time you have before flames engulf your house.

That's why it's so important to have a working smoke detector and a plan for leaving your house. Getting out of the house a few seconds earlier could save your entire family.

Myths about Fires

A real home fire is nothing like the Hollywood version where the hero saves his family. In a real fire, the biggest danger isn't getting burned; three times as many people die from breathing poisonous smoke as from burns.

The smoke isn't white.
It's black, choking, and so thick it can disorient you in your own home.

The air isn't breathable.
Poison gases and a lack of oxygen make it difficult to breath.

Smoke doesn't wake you up.
The carbon monoxide and other toxic gases kill people in their sleep.

Fire isn't orderly.
Rooms become so hot that everything will burst into flames in a sudden flash.

Fire isn't slow.
In just 30 seconds, a small flame can turn into a big fire. An entire house can be engulfed in just five minutes.

How to Survive

There are three simple steps you should take to prepare for a fire in your home:

- **Install smoke detectors.**
  A working smoke detector cuts in half the chances of dying in a fire.
  Place the first smoke detector in the hallway outside the bedrooms. Most fires occur between midnight and 6 a.m.
  Put a smoke detector on every level of the home near the stairs. A detector on every level provides up to three minutes to escape in most situations.
  Install detectors on ceilings or high walls. Smoke rises, so place detectors high and close to the middle of the room, away from air vents.

- **Take care of your smoke detectors.**
  A detector can't save your life if it doesn't work.
  Test the battery once a month. Most have a test button you can push. Otherwise, read the manufacturer's directions.
  Clean the detector. Dust and other dirt can lead to false alarms and other problems. Use a soft duster or a vacuum cleaner once a month.
  Replace the battery. For maximum effectiveness, replace the battery at least once each year.

- **Prepare your family.**
  Everyone needs to know what to do if a fire occurs. The safe response should be a reflex.

Type, Etc. #91021 4-19-91

Practice escaping.

Practice regularly, using the fire drills as an opportunity to test the smoke detectors. Alternate the exit used so the children learn both routes.

- *Don't warn the children. See how they react, and keep practicing until their instinctive reaction is the safe one.*
- *Practice at night. That's when most residential fires happen. It's dark and the smoke makes it worse. Conduct the fire drill in the dark.*

The information in this brochure
was provided by the National
SAFE KIDS Campaign,
Washington, D.C.

Developed for local Kiwanis clubs by
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268

Protect Your Children

Fires Kill Children... Don't Let Yours Become Victims!

Burns are the second leading cause of unintentional injury among children in this country. And more than 65 percent of the children who die are five years of age or younger.

The most important action to protect your children is to install at least one smoke detector in your home. But that's only half the job.

The second step is to educate them. Here are some tips:

Clear up the misconceptions.

Many children hide in closets or under beds and think they are safe. Some try to put out the fire themselves. Others fear being blamed, so they don't tell adults until it is too late. Explain that none of those actions is safe.

The sounds of smoke detectors and sirens scare young children, and a fireman in full gear can look like a monster. Listen to the alarms together and visit the fire station to see how firemen dress.

Plan two escape routes.

Work with your children to find two exits they can use by themselves and make sure they understand that:

- *They must learn to use the escape routes by themselves. You may not be able to lead them.*
- *The escape routes end at the designated meeting place. That is the safe place where the family will meet.*
- *They must stay at the designated meeting place. Never go back into a burning building.*

Learn the fire safety crawl.

Explain the four parts of the fire safety crawl and why they should do them.

- *Crawl, keeping low to the floor. The coolest air is near the floor. Four feet up, the temperature can be 600 degrees Fahrenheit.*
- *Cover your nose and mouth. Clothing or a towel (preferably damp) will protect lungs from dangerous fumes.*
- *Go directly to the nearest exit. Taking time to call the fire department or collect valuables could trap you in the fire.*
- *Touch doors before opening. If it's hot, the fire is on the other side, and it shouldn't be opened.*

Order Form

Project GET ALARMED Materials
Available from
The National SAFE KIDS Campaign

Quantity			Cost
______	*Project GET ALARMED Guide* A step-by-step guide to implementing a community-based residential fire detection program.	$50.00	______
______	*Project GET ALARMED VHS Video* A 10-minute show on residential fires emphasizing the importance of having working smoke detectors.	$50.00	______
______	*Project GET ALARMED Slide Presentation* The same 10-minute show in slide and audio cassette format.	$125.00	______
______	*Project GET ALARMED Brochures* A package of 100 residential fire safety brochures for parents and caregivers.	$30.00	______
______	*Special Package* A guide, VHS video, and 100 brochures.	$130.00	______
		TOTAL	______

Make check or money order payable to "CMNC—National SAFE KIDS Campaign" and send with this order form to:

The National SAFE KIDS Campaign
Attention: Project GET ALARMED Offer
111 Michigan Avenue, NW
Washington, DC 20010-2970

RELEASE FROM LIABILITY

I understand and agree that the Kiwanis Club of __________ is providing burn injury prevention information and free smoke detectors as a public service in the interest of encouraging safety and helping to prevent fires. I understand that Kiwanis International, including its clubs and districts, does not guarantee or endorse this brand of smoke detector. I also understand that Kiwanis International, including its clubs and districts, is not a seller, manufacturer, or dealer in smoke detectors.

In exchange for accepting the free smoke detectors and the burn injury prevention program, I agree not to make any claim or demand or to file any lawsuit against Kiwanis International, its clubs and districts, or any individual connected with Kiwanis International or this smoke detector project, for any injuries, damages, costs, or expenses claimed to have resulted from the smoke detector or the education program.

I further understand that for these smoke detectors to be effective, batteries will need to be replaced on a regular basis and they will need to be installed correctly.

This release from liability is binding on me and my family and all my heirs and successors.

Date   Applicant Signature

Sample Release from Liability

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268

(317) 875-8755 (Worldwide)
(800) 879-4769 (North America)
(317) 879-0204 (FAX)

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Pediatric Trauma

The greatest killer of children in developed nations is not a disease—not a virus or bacterium for which we're researching a cure. The biggest killer of children is accidental injury. Severe injury—or "pediatric trauma"—kills more children than all diseases combined.

"Every year in the United States, 15,000 children die and another 100,000 are permanently disabled because of accidental injury," explains Burton H. Harris, MD, Chief of Pediatric Surgery at the New England Medical Center and Director of the Kiwanis Pediatric Trauma Institute in Boston. "Were some new epidemic to come along and cause a fraction of that death and disability, the public would demand action, yet we have been curiously slow to respond to the most important child health problem in our country."

There are two ways to stop this killer. One way is to *prevent* the accident from ever happening. That is why *Young Children: Priority One* provides service bulletins on preventive measures like installing smoke alarms and preventing scald burns.

But no matter how careful we are or what preventive measures we take, some children will suffer severe injuries. Pediatric trauma kills in ways many doctors don't understand because children don't respond to severe injuries the way adults do. Blood pressure doesn't indicate severe blood loss in the same way, air passages are smaller and more easily blocked, lungs are more easily damaged by air forced into them, skulls are more flexible and will press into the brain instead of fracturing, and medicines don't have the same effects.

"Children are not miniature adults," comments Richard Murphy, PA, Assistant Director of the Kiwanis Pediatric Trauma Institute. "I've seen injured kids who had fairly stable vital signs one moment and literally no pulse or blood pressure the next. It's as if the bottom just dropped out. You rarely see that kind of response in adults."

That is why there needs to be an entire system designed to respond to pediatric trauma, which includes well-trained emergency medical technicians, local hospitals that can treat most injured children, and a regional pediatric trauma center to which the most severely injured children will be sent for treatment by a team of doctors well versed in the specials needs of the patient.

The Model Solution

Kiwanians in the New England District understood this need and made a commitment in 1980 to establish the Kiwanis Pediatric Trauma Institute (KTI) at the New England Medical Center. It is now the heart of a pediatric trauma system that reaches into every community throughout the six states of New England, ensuring that every injured child receives expert care.

The KTI can stand as a model and a resource for other districts or groups of clubs that decide to help injured children. The staff at the Institute can provide material about each of the components of its system or offer advice on establishing a pediatric trauma center for a region.

How the KTI Works

The Kiwanis Pediatric Trauma Institute operates inside the New England Medical Center. It isn't a building or even a specific room. Rather, it is a system established inside the hospital. The experts needed for the pediatric trauma system already worked at the hospital, and the special equipment was there before the Institute was formed. The KTI simply established a system—or "protocol"—that makes sure all these resources are available and properly coordinated when a severely injured child arrives at the hospital.

When a call comes in—whether from an ambulance 15 blocks away or a hospital 150 miles away—a team of doctors is alerted. By the time the child arrives at the emergency room, the doctors, nurses, and technicians are waiting. Headed by a pediatric surgeon, the team may involve pediatric specialists in anesthesiology, radiology, neurology, neurosurgery, orthopedics, and critical care medicine. They will accomplish in 20 minutes what would usually require a full hour, completely evaluating and stabilizing the injured child.

In the same way that the doctors are readied, the appropriate operating room, equipment, and space in the intensive care unit are arranged automatically. Because the protocol in the hospital makes the injured child the top priority, blood tests and other lab work are done immediately. Equally important, all the people helping the child have tremendous experience with pediatric trauma because they treat all the severely injured children in New England.

Components of the System

Even seeing this highly efficient system operate at the New England Medical Center doesn't really define the KTI. The activity around one injured child in Boston is just the hub of a system that reaches into every community in New England. To really understand the concept of a pediatric trauma center, we must look at the components in the system.

The Tertiary Hospital

A tertiary hospital is a university teaching hospital or a regional children's hospital. Like the Kiwanis Pediatric Trauma Institute in Boston, it serves as the regional hub for the system, treating the most critically injured children and overseeing training and development of the rest of the pediatric trauma response system. Most, if not all, of the pediatric specialists and equipment needed to treat severely injured children are at this facility. A protocol coordinates the hospital's response with the other hospitals and establishes an administrative structure to help develop the rest of the system. This requires an allocation of resources for program development, patient care, long-stay units, and the components described below.

Primary and Secondary Hospitals

Because the hub hospital treats only the most severely injured children—five to 15 percent—every hospital in the region must agree to play a specific role in the pediatric trauma response system. A majority of injuries are treated at the nearest local hospital. More serious injuries that require specialists or special equipment go to secondary hospitals. Children with multiple injuries and those who do not respond to treatment at local and secondary hospitals are sent to the hub hospital. Hospitals and medical personnel must go through a self-assessment process to determine which patients they should treat. All the hospitals must agree on the policies for directing or transferring patients to a particular hospital.

Prehospital Care

About 40 percent of the children who die before arriving at the hospital do not receive the treatment they need. This is why emergency medical technicians and paramedics need special training on treatment of pediatric trauma.

Communications

Closely linked to prehospital care and referrals is the communication system. Emergency medical technicians should be in communication with the hospital from the time they find the injured child, so advice can be given on treatment and a decision can be made about which hospital the child should be taken to.

Transport

In most regions, both ground and air transport are needed. The receiving hospital is usually responsible for providing transportation for critical care patients, often providing a mobile care unit—helicopter or ambulance—staffed by a crew of doctor, nurse, and paramedic.

Aftercare

Severely injured children generally face a long recovery period and intensive rehabilitative therapy. The hub hospital should be prepared to house children for long periods, and the child may need to go to another hospital for further rehabilitative therapy. As soon as it is practical, each child will be transferred to a hosptial closer to his or her home. At this time, a therapeutic plan can be sent to the receiving hospital, and the child can be scheduled for follow-up visits.

How Kiwanis Clubs Can Help

These components can be assembled in any region, and Kiwanis can bring it about. In fact, Kiwanis clubs in four districts now help support pediatric trauma centers in a variety of ways. Many of the activities they undertake are described below. The first two can be implemented by a single club. The latter projects require coordination with other clubs or technical assistance.

Safety

The trauma centers encourage education activities and other efforts that prevent injuries to children. These include loaning of car safety seats, checking or installing smoke detectors, distributing information on poison prevention, and installing safety gates to prevent falls. Refer to the Project Idea List and other service bulletins to learn more about safety projects.

Family Caring Network

The Kiwanis Pediatric Trauma Institute in Boston has set up a network with clubs throughout New England to help any family whose child is sent to the Institute. As soon as the hospital learns a child is coming, the administrator of the KTI calls the club nearest the child's home. The club offers help with:

- Transportation
- House sitting
- Child care
- Food
- Laundry and cleaning
- Lawn mowing
- Notifying family and friends about the emergency

This allows the parents to go to Boston and be with their injured child without having to worry about the Cub Scout meeting, piano lesson, or other obligations.

Kiwanians in Boston may also assist the family by arranging for lodging, visiting the parents at the hospital, meeting everyday needs, and working with the hospital social worker or member of the clergy to pass time and comfort the parents. The clubs may also offer financial assistance to help with non-medical costs that will not be covered by insurance, such as housing, meals, and parking costs. Sometimes, hometown fund-raising events are developed.

Clubs have assisted with the return home by building a wheelchair ramp, renting a wheelchair or adjustable bed, installing an extension phone, relocating a bedroom to the first floor, providing transportation, staging a party, or arranging for child care, home nursing, or tutoring.

If your club decides to set up a family care network with the local hospital or a trauma center, you will need to take these steps:

1. **Survey the club** to find out what services (and at what times) each club member is willing to provide. Establish a budget for the support activities.

2. **Contact the mental health association** or local clergy to find volunteers trained in family counseling and stress management who will participate in the network.

3. **Work with a hospital administrator,** social worker, or member of the clergy to establish services the club can perform, a system for deciding when the network should be activitated, and the level of control (or oversight) the hosptial should have over the family care network.

4. **Set up a directory** of the club members and their services for the club committee that will oversee the family caring network. Arrange for a member of the committee always to be on call—available for a call from the hospital administrator.

5. **Train participating club members** to clear any offer of additional assistance with the chairman of the program or the hospital administrator. Never should a promise be made that cannot be kept.

For additional information on setting up a Family Caring Network, contact the Kiwanis Pediatric Trauma Institute in Boston. (Address and phone number below.)

Training

In New England, local clubs organize seminars for emergency medical technicians and other medical personnel. A team from the KTI conducts the training, and the club handles all the logistics, from registration to setting up the room and providing refreshments. Registration fees can be established to pay for materials and travel of the speakers. The result is better-prepared local medical personnel and visibility for Kiwanis.

The KTI will work with a club interested in setting up a similar training session outside New England. The club would need to work with the Institute to find doctors in the region who would be willing to take the KTI materials and conduct the training session.

Clubs in New England have also subsidized the attendance of doctors and nurses at conferences on pediatric trauma. A club could encourage a pediatric surgeon or similar specialist to attend by offering to pay the registration fee or air fare. For instance, the Kiwanis Pediatric Trauma Institute will hold its National Conference on Pediatric Trauma in Indianapolis during September of 1992. The club could request material on this conference from the KTI and then share it with the nearest pediatric surgeon. The club would demonstrate its interest by offering to subsidize the doctor's attendance.

Equipment

Ambulances and community hospitals sometimes lack the equipment needed for the care of small children. For instance, the blood pressure cuff that fits adults and older children is too large for infants and toddlers. Many other pieces of equipment are similarly oversized. A club can request information from the KTI on the pediatric equipment that should be in an ambulance and work with the emergency medical system to make sure these items are acquired.

Pediatric Trauma Center

In four districts, clubs have united to raise funds for the establishment of a pediatric trauma center. If your district decides to pursue this project, it will be voted on at a district convention, and clubs will be informed about the amount of money they will be asked to raise each year. In New England, clubs committed to giving $1,000 each year to the KTI, thereby raising a total of $245,000 per year.

These funds are used to support the parts of the program not related to patient care (which are paid for by the patients and their insurance companies). The Kiwanis money supports the "nonrevenue-producing" efforts: education of medical personnel, community safety education programs, accident awareness efforts, research, and linking community hospitals with the regional center.

Clubs that wish to learn more about starting a district-wide campaign for a pediatric trauma center should contact:

Kiwanis Pediatric Trauma Institute
New England Medical Center
750 Washington Street
Boston, MA 02111

(617) 956-6381

Kiwanis International Office
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
U.S.A.

(317) 875-8755 (Worldwide)
(317) 879-0204 (Fax)
(800) 879-4769 (North America)

A SERVICE PROJECT FOR
YOUNG CHILDREN: PRIORITY ONE

Home Safety Checklist

Home Safety Checklist

Preventable injury is the number one killer of children in most developed nations. In the United States alone, more than 8,000 children are killed and at least 50,000 are permanently disabled by preventable injuries. This year, one child in four will suffer a preventable injury serious enough to require medical attention.

Kiwanis clubs can help prevent many of these injuries by educating parents about dangers their children face every day at home. A large majority of the accidents of children age five and under happen at home. A careful review of the possible dangers in a home would identify many of the hazards—and thus the injuries—that children encounter. This is the purpose of the home safety checklist.

The checklist is designed to be printed and distributed to families who have young children. The pages are ready to print as they stand. This cover page can be replaced with a cover that carries the title "Home Safety Checklist for Families with Young Children," the name of your club, and a Kiwanis logo. Credit can also be given to the printer if he provides the checklist for free or at a reduced cost.

The checklist can be distributed to parents through hospitals, pediatricians, supermarkets, pharmacies, child care centers and preschools, toy stores, clothing stores, churches, and community centers. Some clubs may wish to train volunteers to go into targeted neighborhoods and administer the home safety checklist with the parents. This will help the Kiwanians determine special needs the families have. For example, few families may have working smoke detectors or syrup of ipecac. Club efforts can then be focused to meet these needs.

Encourage parents who use the checklist to share with your club any other safety precautions that should be added to the checklist in the future. Please share these comments with the Program Development Department at the Kiwanis International Office.

Home Safety Checklist for Families with Young Children

This safety checklist is designed to help you protect your children—and everyone else in the family—from unintentional injuries. It is designed to be an easy, room-by-room survey that will quickly point out possible dangers. When you find a hazardous situation, change it—now!

Of course, no checklist will identify all the possible dangers, so use this process to look for other hazards. After you have read through the listed items for a room, take a few minutes to look at the room from the viewpoint of a child.

- Get down at toddler level and survey the room.
- Remember that anything that fits in a child's mouth will probably be put in.
- Look for climbing opportunities and things that can be pulled down from above.
- Watch for sharp corners, protrusions, and objects a child might fall upon.
- And keep in mind whatever special talents your children have shown—from prying off air vent covers to spotting loose carpet tacks.

If you answer "no" to any item in the following checklist, you have found a dangerous situation that you should change.

KITCHEN

- ☐ Are there safety latches on cabinet doors?
- ☐ Are cleaning supplies stored:
  - — *separately from foods?*
  - — *in a locked cabinet out of reach of your child?*
  - — *in their original containers?*

- ☐ Are vitamins and medicine out of your child's reach?
- ☐ Are food treats and other attractive items stored away from the stove?
- ☐ Are these dangerous objects out of reach:
  - — *knives and other sharp objects?*
  - — *hot food, beverages, and glassware?*
  - — *serrated boxes of plastic wrap and aluminum foil?*

- ☐ Is the table cloth folded or secured so it can't be pulled down?
- ☐ Do you keep hot food and beverages out of the hands of adults who are holding children?
- ☐ Do you keep pot handles turned away from the stove, so children can't reach them?
- ☐ Do you test the temperature of foods (especially microwaved foods) before serving them to your child?
- ☐ Do you keep your child in a safe place while cooking?
- ☐ Do you keep toys and play activities out of the kitchen?
- ☐ Does your child's high-chair have a wide base and a harness?
- ☐ Do you avoid serving your child peanuts, grapes, hot dogs, popcorn, and carrots?
- ☐ Are matches and lighters kept high up, out of your child's reach?

BATHROOM

- ☐ Do you have a one-ounce bottle of syrup of ipecac for use in a poisoning emergency? (Be sure to call your poison control center before giving syrup of ipecac to your child.)
- ☐ Are medicines and cleaning supplies stored:
  - — *in a locked cabinet?*
  - — *out of your child's reach?*
  - — *in clearly marked and original containers?*
  - — *in containers with child-resistant caps?*

- ☐ Are razors, scissors, and other sharp utensils stored out of your child's reach?
- ☐ Are electric appliances:
  - — *unplugged when not in use?*
  - — *positioned away from all water?*
  - — *out of your child's reach?*

- ☐ Is there a lock on the toilet seat?
- ☐ Is your child always watched while in the bathtub?
- ☐ Is there protective padding on the faucet in the bathtub?
- ☐ Is there a non-skid mat in the bathtub?
- ☐ Is your water heater turned down to 120 degrees Fahrenheit?
- ☐ Do you check the temperature of the water in the tub before you put your child into it?
- ☐ Have you installed anti-scald devices in your tub spout and shower head?

YOUR CHILD'S BEDROOM

- ☐ Does your child's crib have:
  - — *slats that are no more than 2-3/8 inches (6 cm.) apart?*
  - — *a mattress that fits snugly against the frame (no more than two finger-widths between slats and mattress)?*
  - — *sides that are 22 inches (56 cm.) above the mattress?*
  - — *secure, child-proof side locks?*

- ☐ Have you made sure that the crib has:
  - — *no sharp corners or edges and no projections, such as posts?*
  - — *no broken, cracked, or loose parts?*
  - — *no loose plastic sheeting?*
  - — *no cords or drapery in the crib?*
  - — *no low cradle gyms or mobiles that the child can use to crawl out?*

    - — *no objects that could help your child climb out such as a hamper, pillows or stuffed animals, which should be removed once the child can stand stand?*

- ☐ Have you placed the crib at least one foot from walls, furniture, radiators, heating vents, and windows?
- ☐ Does the changing table have straps to prevent falls?
- ☐ Does your child wear flame-retardant clothing?

PLAY AREAS

- ☐ Does the toy chest have no lid, a lightweight lid, or a safe-closing mechanism?
- ☐ Are the toys appropriate for your child? Are they:
    - — *without small pieces that can break off to be choked on?*
    - — *without sharp corners or edges?*
    - — *without any joints that can pinch fingers?*
    - — *without any projections that could injure an eye?*
    - — *of appropriate size and weight for your child?*
    - — *painted with non-toxic paint*
    - — *with play value for your child, so they don't become objects of destructive experiments?*

- ☐ Do you routinely inspect and dispose of damaged or unsafe toys?

WINDOWS

- ☐ Is access to windows blocked so that your child can't fall out?
- ☐ Do windows have safety bars (except windows leading to fire escapes)?

STAIRS & RAILINGS

- ☐ Are there safety gates (not the accordian type) at the top and bottom of all stairways?
- ☐ Is there firm footing on the stairs (no loose carpeting, uneven steps)?
- ☐ Are the stairs well lighted?
- ☐ Are the protective walls and railings on stairs, porches, and balconies sturdy and in good repair?

ELECTRIC OUTLETS AND FIXTURES

- ☐ Do all electric switches and outlets have cover plates?
- ☐ Do all unused outlets have no-shock, child-proof covers?
- ☐ Are electric cords:
    - — *out of your child's reach and out of traffic flow?*
    - — *neither frayed nor cracked?*
    - — *neither under rugs nor stapled to baseboards?*

- ☐ Is the use of extension cords kept to a minimum, and are the unused outlets on the cord covered?
- ☐ Does every light fixture:
    - — *have a light bulb in it?*
    - — *have a light bulb of appropriate size and wattage?*

- ☐ If you use fuses, are they the correct sizes for your circuits?
- ☐ Are space heaters:
    - — *properly grounded and connected directly to an outlet?*
    - — *stable and protectively covered?*
    - — *inaccesible to your child?*
    - — *at least 36 inches from curtains, towels, carpets, papers, and furniture?*
    - — *used according to manufacturer's instructions and local fire ordinances?*

GENERAL LIVING AREAS

- ☐ Are dangerous items out of reach:
    - — *plants (poison danger)?*
    - — *cigarettes and butts (poison danger)?*
    - — *loose change (choking danger)?*
    - — *purse and pocketbook contents (poison and choking dangers)?*
    - — *balloons?*
    - — *matches and lighters?*

- ☐ Are small rugs and runners tacked down or slip resistant?
- ☐ Are high-traffic areas well lighted and free of obstructions?
- ☐ Have you checked to make sure there are no loose paint chips around the house?
- ☐ Are guns stored unloaded in locked cases and drawers and the ammunition stored separately?
- ☐ Is there at least one working smoke detector on each floor, and is there one in the hallway by the bedrooms?
- ☐ Are the smoke detectors checked and cleaned regularly?
- ☐ Are the batteries changed once each year?
- ☐ Do you have a home fire escape plan?
    - — *Does it have two exit routes?*
    - — *Do you have a designated meeting place?*
    - — *Do you practice it in the dark, on your hands and knees?*
    - — *Do you turn on the smoke detector's alarm for your child to hear?*

- ☐ Does your child know how to "stop, drop, and roll" to put out clothing that is on fire?
- ☐ Is there a working fire extinguisher to handle small fires, especially in the kitchen?
- ☐ Do you have your chimney inspected and cleaned every year?
- ☐ Are there a screens or safety rails on any fire places, wood-burning stoves, or heaters?
- ☐ Are emergency numbers posted by the phone:
    - — *family physician?*
    - — *poison control center?*
    - — *ambulance?*
    - — *police?*

BASEMENTS & GARAGES

- ☐ Do child-proof latches control access to the basement and garage?
- ☐ Are volatile liquids, such as cleaning solvents, tightly capped and away from the furnace, hot water heater, and other ignition sources?
- ☐ Are you sure that no gasoline is stored in the basement or your garage, if it is attached to your house?
- ☐ Do power tools have guards in place and are they unplugged when not in use?

OUTDOOR PLAY AREAS

- ☐ Do you supervise your child's outdoor play?
- ☐ Does you child's play area:
  - — *have an impact-absorbant surface like pea gravel or wood chips ?*
  - — *have a fence around it?*
- ☐ Do you regularly check the play area and remove poisonous plants and berries?
- ☐ Is the play equipment:
  - — *securely anchored?*
  - — *at least six feet from fences or other structures ?*
  - — *free of projections, sharp edges, loose parts, entrapment spaces, hard swings, and moving parts?*
  - — *surrounded by a soft landing space?*

- ☐ Do swimming pools have:
  - — *fences on all four sides that are at least five feet high?*
  - — *gates that are self-latching and self-closing?*

Add to this checklist any hazards you spotted that were not listed above:

____

____

____

____

____

____

Now you have a complete list of the dangers in your home. Your next step should be to make a place to eliminate these dangers. If you need help carrying out your plan, contact your local Kiwanis club.

The information in this brochure
was provided by the
National SAFE KIDS Campaign,
Washington, D.C.
Developed for local Kiwanis clubs by
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Awareness & Prevention of Child Abuse

The Problem

In 1962, Dr. Henry C. Kempe published an article on what he called "the battered child syndrome." As family services professionals addressed the prevalence of this problem, they expanded the terminology to "child abuse" and categorized such abuse into physical, sexual, and emotional abuse and neglect.

In the United States, this marked the beginning of a public discussion of child abuse that has greatly increased the number of reported cases. In 1990, there were more than 2.5 million incidents of child abuse reported in the United States, an increase of more than 30% since 1985 and 100% since 1980. Some 27% of those abuse cases were due to physical abuse, 46% to neglect, 15% to sexual abuse, and 13% to emotional maltreatment or other (abandonment and dependency). An estimated 1,211 children from 39 states died from abuse or neglect, a 38% increase nationwide since 1985. Almost 90% of children who died as a result of child abuse or neglect were under age 5; 53% were infants under age one.

Child abuse may be differently defined, investigated in several ways, discussed publicly to varying degrees; but it occurs in every culture, in every country. The International Society for Prevention of Child Abuse and Neglect (ISPCAN) has expanded the investigation of abuse to the exploitation of working and street children, trafficking and sale of children, and the institutional abuse of children.

ISPCAN also has fostered the exchange of research on treatment and prevention of abuse, thus encouraging the development of strong national organizations. National organizations in Australia, Canada, France, Finland, Italy, the United Kingdom, and the United States have tried to make children a priority in society by educating the public and creating a climate in which it is easier to work for protection of children.

What Kiwanis Can Do

To eliminate child abuse, society must first understand that abuse occurs and that it is unacceptable. Clubs can initiate an awareness campaign to help people understand the different kinds of abuse and establish a clear public attitude. Materials in this bulletin can be used to start a campaign, and clubs can work with organizations that focus on public education.

There must also be education and support for parents to help them raise their children safely. On the public awareness level, clubs can encourage positive parent-child activities by implementing some of the activities in this bulletin. Clubs can also develop more intensive support for parents by working with private or government agencies to improve or expand their programs that offer parenting education, drop-in care, and counseling. These projects are addressed in PO bulletin #13, "Parenting Education."

Working with Other Organizations

As noted in many of the materials for *Young Children: Priority One*, the best way for a Kiwanis club to become involved is to work with organizations already addressing the problem. In many countries there is a group dedicated to preventing child abuse through public education, such as the National Committee for Prevention of Child Abuse in the United States or the Institute for the Prevention of Child Abuse in Canada. The Kiwanis District Chairman for the *Young Children* program has contact information about child abuse prevention organizations in your state, province, or country. In the following paragraphs are some of the activities developed by these organizations that Kiwanis clubs might help support.

Public Awareness

Most child abuse prevention organizations have public awareness materials that they will share with Kiwanis clubs. Rather than starting from scratch, clubs should seek out these organizations and ask permission to use printed and video public service announcements, radio spots, or art for flyers and brochures. Some also offer "op ed" pieces that can be submitted to newspapers.

In the United States, the National Committee for the Prevention of Child Abuse (NCPCA) has pamphlets aimed at parents and the general public about parenting and various forms of abuse. A catalog of materials is available from the NCPCA (address and phone number on the back of this bulletin).

Child Abuse Prevention Month

In the United States, the National Committee for the Prevention of Child Abuse has declared April as Child Abuse Prevention Month, and similar organizations in other countries have adopted this effort—though the month has sometimes changed. Government departments of child and family services have also become involved. A Kiwanis club could assist local events for Child Abuse Prevention Month in a variety of ways:

- *Recognition Event*—Hold a luncheon, dinner, award ceremony or other event to publicly thank child protection workers, foster parents, a media personality, or others who have made a significant contribution to preventing child abuse.
- *Publicity*—Send press releases or "media alerts" to local radio and television stations.
- *Proclamation*—Work with the sponsoring organization to have government leaders issue proclamations supporting Child Abuse Prevention Month.
- *Sabbath Events*—Contact places of worship and propose that they set aside a Sabbath to celebrate children and families. Suggest a sermon or discussion on disciplining without shouting or spanking, reaching out to parents having difficulty with their children, or the importance of positive parenting for physical, emotional, and spiritual good health.
- *Blue Ribbon Campaign*—Urge everyone in the community to wear a blue ribbon during April, to show that they know child abuse is an important problem. It may be effective to make the wearing of the blue ribbon a reminder of a child in the community who died from child abuse during the past year.
- *Kids Day*—Organize a "Kids for Kids" parade dedicated to children, featuring children. Explain in all publicity that this event is meant to show children that their parents love them and to remind parents how special their children are. Request the Kiwanis Kids' Day kit from the International Office for additional ideas on child-centered events.

Developing New Contacts

Any organization that addresses child abuse, whether it is a government-supported agency or a fully independent non-profit, needs support in the community. Kiwanis clubs can furnish some of that support, but just as important, Kiwanis can be the link to other parts of the community. A club or group of clubs could help develop a network of support through any of the following efforts:

- *Advisory Council*—Assist the local committee against child abuse in creating an advisory council. Make use of the contacts the club has to invite community leaders onto the advisory council. Involve other service clubs, business leaders, government officials, and school administrators.
- *Business Breakfast*—Invite owners and managers of local businesses to a breakfast to meet with local leaders of the fight against child abuse. This informational meeting should address issues that the attendees will have interest in, such as the benefits of employee assistance programs concerning family support issues and counseling services.
- *Parenting Presentation*—Invite leaders of parent-teacher organizations, child care centers, and churches to attend a presentation on how to encourage positive parenting, presented by a local child abuse prevention organization.

Fund Raising

Fighting child abuse also requires money, and clubs may be asked to help support a fund-raising activity. Here are some of the possible activities:

- *Corporate Challenge*—Assist the local committee for the prevention of child abuse in soliciting support from local corporations and businesses. Assemble lists of the current supporters and those who are not supporting the child abuse prevention committee. Send contact letters to non-supporters that urge them to be good corporate citizens like the corporations that do contribute. Follow up with teams that visit each corporation.

- *Life Saver Collection*—Contact your local NCPCA chapter and work with them to sell Life Savers candies to help save the lives of children.
- *Athletic Contests*—Some chapters have held a "Battle of the Badges" in which law enforcement officers from various jurisdictions have competed. A Kiwanis club could help organize such an event—or it could field its own team.

Educating the Public

There are three steps a club can take to increase public awareness about child abuse. The first step is for the club to learn about the problem in the community. The two questionnaires on page 5 show the kinds of information the club should collect: statistics on abuse and the level of services available. The questionnaires can be used to interview doctors, the family court judge, social workers, agencies that provide services to families, hospitals, and the police.

Second, the club can publicize the local facts about child abuse—putting them in a national context. The sample news release on page 6 is an example of the kind of article the club could send out to newspapers and radio stations. This can be followed by posters or radio/television public service announcements that communicate the simple message that abuse does occur—and it shouldn't.

Finally, the club can investigate child abuse issues in the community—such as the regulations involved in referring families for counseling—to see how they are being addressed by local government. This type of effort should involve careful research and discussion with city council members or state legislators.

Parent Support

The public awareness campaign can expand into suggesting ways parents can cope and others can lend support. The radio script on page 6 can be offered to local stations, or the video version of this public service announcement can be requested from the International Office (video PSA's can have the name of your local Kiwanis club tagged to the end of the announcement). Possible print materials appear on the next several pages. Additional posters, brochures, and public service announcements are available from the (U.S.) National Committee for Prevention of Child Abuse and its state chapters.

Parent-Child Activities

The more time parents spend in positive activities with their children, the stronger the family becomes, and the better it can withstand stresses. So, clubs can help prevent child abuse with a variety of positive activities.

- Distribute a calendar page that has an activity on each day for parents to do with their children. Adapt the sample on the next page of this bulletin.
- Organize a series of "Parent-Child Special Expeditions" to encourage parents to spend "special time" with their children. In each expedition, work in a message that encourages positive family relationships. For example, sponsor a day at the zoo that incorporates a lesson that all animals—and people—deserve kindness. Other possible expeditions include tours of a museum (lesson: parents want their children to learn about the world), a park or nature preserve (lesson: we need to take care of nature, just as parents take care of children), an airport (lesson: sometimes parents have to go away on business, but they love their children), or a fast food restaurant (lesson: sometimes parents are too busy to cook, but they want you to eat a healthy meal).
- Sponsor a "Messy Fun Day" where children and parents are required to wear old clothes that can be stained. Then, offer all the arts and crafts that parents don't want their children to try at home because they are too messy. Activities can include finger paints (or pudding paints), putting on make-up, mud pies, building dams, creating working volcanoes, and throwing water balloons. The typical child can probably name ten other messy activities that are strictly forbidden at home.

Parent Support Activities

- Organize a parenting fair. Invite experts on children and parenting to make presentations. Have support organizations run booths. Offer entertainment and babysitting services for the children. To learn more, request the bulletin on parenting fairs, PO #5, from the International Office.
- Organize monthly parenting forums. Have one speaker each month on a topic that helps parents cope. Deal with positive steps (how to build your child's self-esteem) and preventive measures (what to do when you're ready to blow up). Be sure to offer babysitting services.
- Print and distribute a parenting resource list. Identify all the sources of help for parents, from hotlines to therapists. Put this information in a brochure and leave copies at high traffic stores (super markets, pharmacies, toy stores), child care centers, schools, and doctors' offices.

- Work with your library to develop a special "Parenting Resource" section in the library. A list of suggested books for the section is available from the Program Development Department at the International Office. The club may want to offer to purchase some of the suggested titles. Help the library set up the parenting section in a location where parents with young children will be able to reach it quickly and easily. Then, publicize the section so that parents learn about it.
- Develop a campaign on shaken baby syndrome. Many people do not realize that shaking a baby can cause permanent brain damage or death. Request PO bulletin #11 from the International Office.
- Create flyers for use as shopping bag stuffers. Eventually, every parent seems to face a control problem at the supermarket or grocery store. For many, it's a weekly challenge. The flyer can help parents feel less self-conscious and may encourage other customers to feel more comfortable offering to help. A sample flyer appears on page 7.
- Work with a local radio station to create a weekly parenting program that features experts on parenting, child development, and psychology. Have each expert prepare a five to ten minute discussion of a given topic and then answer questions from the host or the listeners.
- Help set up a parenting phone line. Everyone who answers the phone needs training, and there must be a system to refer callers who need help beyond the support offered on the phone. Contact the Ohio League Against Child Abuse to learn how they set up the Parent Connection Line. The address and phone number appear on the back page of this bulletin.

Build a Better Relationship with Your Children! Do a Fun Activity with Your Children Each Day This Month!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Play "follow the leader".	✂ Make paper boats & sail them in the bathtub.	Buy and read a new book.	Walk around the block backwards, holding hands.	Cook some pudding together.	Make a bubble bath.	Reverse roles. Child becomes the parent.
Finger paint.	Make frozen fruit juice treats.	Draw pictures of the weather. ❄ ❄ ❄	Make a necklace out of macaroni.	Play "hide and seek".	Learn a new song.	Make puppets and put on a show.
Go to the park and feed the ducks.	❀ Plant seeds or buy a flower.	Visit the library.	Shop for groceries together.	Blow ○ bubbles. ○ ○ ○ ○	Bake some cookies.	Go to the zoo or pet store.
Make a tent with a table and blankets.	Try cartwheels, somersaults, or crab walking.	Make a memories or photo album.	Make a bird house from a milk carton.	Pick out 3 songs and dance.	Rent a video and make popcorn.	Go to a museum.
Wash the car.	Take silly photos of one another.	Build a city out of blocks.	Take apart something that doesn't work.	Make a giant ice cream sundae to share.	Visit the biggest toy store in the area.	Go for a picnic. ♥

Sample calendar to distribute to parents.

Survey of Existing Child Abuse Prevention Resources

(Based on the NCPCA's Ten Components of a Comprehensive Child Abuse Prevention Program)

1 Does your community offer support programs for new parents, to prepare them for the job of parenting and to enhance parent-child bonding?
   a Yes, all new parents receive support
   b Yes, all new parents who seek support can receive it
   c Yes, but support programs aren't available to all who need them
   d No

2 Does your community offer continuing education/support for parents, to provide parents with information about child development and teach child care skills?
   a Yes, continuing education is provided to all parents
   b Yes, continuing education is available to all parents who want it
   c Yes, but continuing education is not available to all who need it
   d No

3 Does your community provide early and periodic childhood screening, diagnosis, and treatment, to identify and deal with physical, psychological, and developmental problems in children at an early age?
   a Yes, early and periodic screening is provided to all children
   b Yes, screening is provided to any child whose parent requests it
   c Some screening is available to some children
   d No

4 Is child care available, to furnish parents regular or occasional respite from caring for their children?
   a Yes, respite care is available to all parents at all times
   b Yes, respite care is available but times or the number of users is limited
   c Respite care is limited or unavailable, but child care services and baby-sitters are available
   d Availability of child care service and baby-sitting is limited
   e No

5 Are there programs for abused children, to minimize the long-term effects of abuse on children and to reduce the likelihood of their becoming abusive adults?
   a Yes
   b No

6 Does the community offer life skills training for children and young adults, to equip young people with the skills and knowledge necessary to succeed in adulthood and improve family relationships?
   a Yes
   b No

7 Does the community offer family support services, to provide immediate assistance to parents in times of stress on a 24-hour basis? Circle all that are available
   a Telephone hotline/warmline/answer line
   b Crisis caretakers/baby-sitters/nurseries
   c. Crisis counseling
   d None

8 Are there self-help groups and other neighborhood supports, to reduce the social isolation often associated with abuse?
   a Yes
   b No

9 Are social service, health, and education resources community-based, coordinated, and fully available?
   a Yes
   b They are available but not community-based or coordinated
   c No

10 Is there public education on child abuse prevention, to inform the public of the magnitude of the problem of child abuse in the community and tell them where to turn for help?
   a Yes, and awareness is high
   b Yes, but more needs to be done
   c No

Sample community needs survey—level of services available

The best way to persuade people that child abuse is a problem in their own community is to gather information about the problem and publicize it. The questions to the right can be directed toward the police department, local government's department of family services, family court judge, counseling agency, health department, hospital, coroner, clergy, and the local arm of the Association for Protecting Children or Committee for Prevention of Child Abuse or similar groups. No one source will have all the answers—indeed, some questions may never be answered—and other sources may be suggested.

Once this survey process is completed, there will be material for a news release similar to the example on page 6. The survey may also prompt the club to convene a public meeting or discussion among community leaders about a more comprehensive plan to address the child abuse problem.

The National Committee for the Prevention of Child Abuse (NCPCA) was formed in 1967 to educate the public about the little-known problem of child abuse and to find ways of preventing it. It has been instrumental in awakening the public to this problem and it has identified ten components to a comprehensive approach to child abuse prevention. A good first step toward developing a club project on child abuse is to identify the needs in your community. Use the ten guidelines from the NCPCA to evaluate your community.

Sample needs survey—statistics on abuse

Survey on Child Abuse and Neglect

1. How many reports of child abuse and neglect have been made over the past year? How does this compare to other years?
2. How many adults are in counseling because of their abusive behavior?
3. How many children have been separated from their parents to ensure the safety of the children?
4. How many foster parents (or other temporary care givers) have been reported for abusive behavior?
5. How many cases related to child abuse or neglect are currently being handled by social workers? How many total cases does the average social worker handle?
6. What is the cost to local government for each abuse-related custody hearing? Each trial for child abuse or neglect? How many of these court proceedings occurred in the last year?
7. What is the cost to local government for each child in foster care? How many children are in foster care because of abuse or neglect?
8. What is the cost to local government for each family in court-ordered therapy? How many families are now in such therapy?
9. What is the cost for a home-visitation system for families at risk? How many families are judged to be at risk of child abuse?
10. How many families have requested help and are not receiving it?
11. How severe a case of abuse/neglect or how many times must a family be reported for someone to actually investigate?
12. How many children have been hospitalized because of abuse or neglect over the past year? How many children have died?
13. A best guess or opinion question. What percentage of cases of child abuse and neglect are never identified? How many of the injuries to children might be unidentified cases of child abuse?
14. How would these answers have differed five years ago? Ten? Twenty?

BEST COPY AVAILABLE

Sample letter to survey recipient

April 5, 199[illegible]

Melissa Durbin, M.D.
Amityville Healthcare Center
[illegible] Fallen Valley Drive
Amityville, NY [illegible]

Dear Dr. Durbin:

The Kiwanis Club of Baytown is gathering information on the problem of child abuse in this area. As the head of the Child Abuse Comprehensive Treatment Unit at Bayshore County Hospital, you can help us understand the extent of the problem in our community and what we can do to address it.

We have enclosed two questionnaires that we ask you to review and answer as fully as you are able. We would also appreciate other information you feel we should know, suggestions of additional questions to ask, names and addresses of other people we should survey, and suggestions for ways our Kiwanis club can address the problem of child abuse and neglect.

We hope to use the information we gather to start educating our own club, and, from there, to start educating the community. We would appreciate your advice on specific directions our public awareness campaign should take and other projects we should consider.

Please send the questionnaires and any other comments you wish to write to me, at the address above, by the end of this month. If you would prefer to call me, I am available from 11:45 am to 12:30 pm each weekday at [illegible] and each evening after 6:00 pm at 475-2891.

We appreciate your assistance in our research and planning. We want to create projects that will have a true impact on the children and families in our community.

Sincerely,

Robert Hardyman
Chairman
Young Children: Priority One

Sample press release

NEWS FROM KIWANIS

FOR IMMEDIATE RELEASE

For More Information, Contact:
The Kiwanis Club of Baytown
Elliot Sebastini
857-1253

Children Need Our Help: Child Abuse Increasing in Baytown

Child abuse is a bigger problem in Baytown today than it has ever been before, according to the statistics compiled by the Kiwanis Club of Baytown. "We believe it's time for this community to wake up and address this problem," says Kiwanis club president Travis Sloan. "There are more children at risk than ever before."

Over the last ten years, reports of child abuse in Baytown have tripled, based on records of the police department and the Shore County Family Services Department. In 1981, 211 reports of child abuse and neglect were received, but by 1991, police and family services records show 684 reports in the county.

Counseling services for these families have not kept pace with the need, according to the Kiwanis club's research. The staff of three counselors has not been increased in seven years, confirms Shore County Human Services spokesperson Staci Hopkins.

"The result is that parents who need help get put on a waiting list," claims an outraged Sloan. "The people waiting for counseling are tragedies waiting to happen."

The Baytown Kiwanis club also discovered that the number of children taken away from their parents is up 65 percent from the level five years ago, according to Family Court records. The number of injuries related to child abuse recorded at Bayshore County Hospital is at its highest level ever, up 14 percent from last year.

"The closing of the Barnard tire factory and related layoffs have had a severe impact in our community," explains Family Court Judge Nicholas Sears. The economic problems in families increases tension that can result in more family violence. "Children are being hurt because some parents feel overwhelmed," concludes Judge Sears.

The Baytown Kiwanis club is now organizing a meeting to discuss what new steps can be taken to address these increasing problems. The club has invited community and government leaders, family service providers, and the organizations that address child abuse. The club hopes a coalition will form that can develop and implement a comprehensive plan for child abuse prevention.

SCRIPT #1—40 seconds

When children try your soul, as they will; when they cause you grief, as they do; when they rouse your anger and provoke you to wrath, as is their way; when they reduce you to tears and prayers, as often happens; love them.

Don't bother about anything at all until you have first made clear to yourself that your love for the child in question is holding firmly, swelling warmly in your heart. Then, whatever you do will be as nearly right as it is possible for human judgement to be.

That's advice from Angelo Patti, a 19th century educator. Brought to you by the Kiwanis Club of _____________ and radio station _________.

SCRIPT #2—30 seconds

When children try your soul, as they will; when they cause you grief, as they do; when they rouse your anger, as is their way; when they reduce you to tears, as often happens; love them.

Don't bother about anything at all until your love for the child in question is holding firmly, swelling warmly in your heart. Then, whatever you do will be as nearly right as it is possible for human judgement to be.

That's advice from Angelo Patti, a 19th century educator. Brought to you by the Kiwanis Club of _____________ and radio station _________

SCRIPT #3—15 seconds

When children try your soul, when they cause you grief, when they rouse your anger, as is their way, love them.

Don't bother about anything until your love for the child is swelling warmly in your heart.

That's advice from Angelo Patti, a 19th century educator. Brought to you by the Kiwanis Club of _____________ and radio station _________

Sample radio scripts

Kiwanis Club of Bedford Falls
Third Annual

MESSY FUN DAY

Children deserve a chance to create the messes they can't make at home, so dress your kids in their worst clothes and bring them to **MESSY FUN DAY**.

The chance for your children to:

- Finger paint
- Make mud pies
- Make play dough
- Put on clown make up
- Build dams in Laurel Creek
- Build working models of volcanoes
- Throw water balloons
- Draw chalk pavement pictures
- Slide down a mud track
- Wash off in lawn sprinklers

11 am to 4 pm, Saturday, August 15
Bedford Falls High School

The Kiwanis Club of Bedford Falls is not responsible for permanent stains on clothing. The club is responsible for providing fun to messy children of all ages.

Sample flyer

Sample flyers for distribution

Winning Ways with Children When Eating Out

Eating out with young children can be a stressful experience. Restaurant employees get nervous, and parents are on edge, never knowing quite what to expect. Is staying home the answer?

Here are some tips from experienced parents to make your eating out experience more enjoyable for all.

1. **Choose a "child-friendly" location.** Some restaruants are simply more suitable for young guests—fast food places, family-style restaurants, "coffee shops," or sidewalk cafes, for example. You will feel more relaxed about dining and you'll often get more help keeping your child(ren) happy.

2. **Phone first.** If you are going to a restaurant for the first time, call ahead to make sure children are welcome. Ask if they have high chairs or booster seats; if not, you can take a clip-on seat that fits most tables or improvise a booster seat by wrapping a couple of old telephone books with contact paper. Find out if you can place your order before you arrive to cut down on waiting time once you are there.

3. **Bring your own**....You know your child best. If he needs special equipment, like a bottle or cup with a spout, bring it along. Diversions in the form of snacks or toys can keep your little one occupied until your meal comes.

4. **Keep it as familiar as possible**. If your child eats little or is not used to a variety of foods, order a small portion of a food he does know, split dinners between two or more children, or bring along peanut butter and jelly. It will cost you less, waste less, and in all likelihood, your child will be happier (and so will you)!

5. **Arrive early**. Try to get to the restaurant at an off-peak time. This way you can avoid long waits and crowded conditions.

6. **Try to sit by a window.** The activity outside can provide novelty for your child while you are waiting to be served.

7. **The quick fix.** If you could not order ahead of time, ask if there are foods that can be prepared quickly. If you must wait for your food, one parent can take a restless child for a short walk to the lobby or parking lot.

Every time you eat out at a restaurant, it is a learning experience for your young child and you. What does not work one time may work the next. Rest assured, as you both get better at it, there will be better days and better restaruant experiences ahead.

Adapted and excerpted in part from "Side Orders," *American Baby Magazine*, June 1990

What One Person Can Do To Prevent Child Abuse

First, ask yourself how you are doing as a parent. ***Hug your child every day.***

Arrange to have a speaker on child abuse come to your PTA or adult Sunday school class.

Call your local Department of Social Services and ask for the current child abuse statistics. Share that information with your General Assembly representative and/or local council member.

Learn to recognize the signs of child maltreatment and know your local child abuse hot lines.

Reach out to neighbors or relatives with children. Offer to babysit or invite them over for coffee.

Volunteer time in a child crisis emergency shelter, parenting support program, drug abuse prevention/treatment program, or shelter for the homeless.

Talk to your employer about sponsoring a parenting workshop for employees during lunch time.

Consider joining a child abuse prevention organization in your community.

April is Child Abuse Prevention Month: Join concerned citizens all over the country by displaying a blue ribbon on your lapel, front door, or car antenna.

Post this list on your refrigerator and share it with 5 friends.

Virginia Coalition for Child Abuse Prevention

What To Do In The Grocery Store To
Help Kids Behave...

Plan Ahead

- **Check Attitudes**—Is your child too tired or hungry to shop? Are you? If yes, postpone your trip or find a sitter.
- **Agree on Rules**—Before entering the store: "Stay close to the cart." "Use your quiet voice."
- **Agree on Rewards**—For good behavior: Keep it simple—choice of one snack food or a stop at the park. Promise to read a book or play a game at home.

At The Store

- **Make a game of it**—Who can see the potatoes or soap first? Do you remember what animal milk comes from? Who is wearing red? What foods start with a "B"?
- **Involve the child in the shopping**—"Should we buy apples or oranges? Corn flakes or raisin bran? Popsicles or ice cream?"
- **Play**—"I see something" in the checkout lane; ask the child to guess what it is.
- **Praise your child**—"You are so helpful!" "You are making good choices today!"

If All Else Fails

- Ignore inappropriate behavior unless it becomes dangerous, destructive, embarrassing to you, or annoying to others.
- Remove a child who is out of control—take him to the restroom or out of the store. Tell him quietly, eyeball to eyeball, that his behavior is totally unacceptable.
- Wait, saying nothing else, for the child to calm down. Then ask if he is ready to try again.
- Go home if the child cannot calm down. Find a sitter and return alone.

Remember: Kids will be kids—they are not perfect!

Guidelines for Parents

The National Institute of Mental Health asked the following question of 50 parents whose children had become well-adjusted, productive adults:

Based on your personal experiences, what is the best advice you can give new parents about raising children?

Love Abundantly. The most important task is to love and really care about your child. This gives him or her a sense of security, belonging, and support. It smoothes out the rough edges of society.

Discipline Constructively. Give clear direction and enforce limits on your child's behavior. Emphasize "Do this" instead of "Don't do that."

Spend Time With Your Children. Play with them; talk to them; teach them to develop a family spirit and give them a sense of belonging.

Give The Needs Of Your Mate Priority. One parent put it this way: "A husband and wife are able to be successful parents when they put their marriage first. Don't worry about the children getting 'second best.' Child-centered households produce neither happy marriages nor happy children."

Be Realistic. Expect to make mistakes. Be aware that outside influences such as peer pressure will increase as children mature.

Develop Mutual Respect. Act in a respectful way toward your children. Say "please" and "thank you," and apologize when you are wrong. Children who are treated with respect will know how to treat you and others respectfully.

Really Listen. This means giving your children undivided attention, putting aside your beliefs and trying to understand your children's.

Offer Guidance. Be brief. Don't give speeches. And don't force your opinions on your children.

Foster Independence. Gradually allow children more freedom and control over their lives. One parent said, "once your children are old enough, phase yourself out of the picture, but always be near when they need you."

Teach Your Children Right From Wrong. They need to be taught basic values and manners so they will get along well in society. Insist they treat others with kindness, respect, and honesty. Set personal examples of moral courage and integrity.

Sample flyers for distribution

I Commit To Be The Best Parent I Can Be

I will use one of the following communication tips every day for the next ten days.

Signature

Communication Tips for Parents and Kids

"You never listen to me" is a complaint heard as often from children as parents. Good communication helps children and parents to develop confidence, feelings of self-worth, and good relationships with others. Try these tips:

- Teach children to listen...gently touch a child before you talk...say his/her name.
- Speak in a quiet voice...whisper sometimes so children have to listen—they like this.
- Look a child in the eyes so you can tell when they understand...Bend or sit down...Become the child's size.
- Practice listening and talking...Talk with your family about what you see on T.V., hear on the radio or see at the park or store. Talk with your children about school and their friends.
- Respect children and use a courteous tone of voice. If we talk to our children as we would our friends, our youngsters may be more likely to seek us out as confidants.
- Praise children for cooperating with you or their siblings, for doing those little things that are so easy to take for granted.
- Use Door Openers that invite children to say more about an incident or their feelings: "I see." "Tell me more." "No kidding." "Really."
- Praise builds a child's confidence and reinforces communication. Unkind words tear children down and teach them that they just aren't good enough.
- Children are never too old to be told they are loved. Saying "I love you" is important. Writing it in a note provides the child with a reminder that he can hold on to.
- Give your undivided attention when your children want to talk to you. Don't read, watch T.V., fall asleep, or make yourself busy with other tasks.

What To Say (or do) When Parents Abuse Their Children in Public

1. "He seems to be trying your patience."
2. "Is he tired? Does he need a nap?"
3. "She has beautiful (eyes)." Get the parent in a more positive mood.
4. "My child used to get upset like that."
5. "Children can wear you out, can't they? Is there anything I can do to help?"
6. Strike up a conversation with the adult. See if you can re-direct his/her attention away from the child.
7. Sympathize with the parent, i.e. "Isn't it amazing how children think they can get what they want by kicking and screaming?"
8. "My son behaves like that sometimes, and I..."
9. If you are concerned about the physical safety of the child, alert the store manager.
10. Divert the child's attention (if he is misbehaving), by talking to him, engaging him in conversation.
11. Praise child and parent at first opportunity.
12. If the child is in danger, offer assistance. For example, if the child was left unattended in a grocery cart, go stand by the child until the parent returns.
13. Find something positive to say about the child to the parent. "Your child is beautiful," or "What pretty hair she has."
14. "Looks like you're having a rough day. Is there anything I can do to help?"
15. "Looks like your little boy is giving you a hard time." Try to relieve tension and perhaps open up some communication.
16. If you know the parent, offer to watch the child while she/he takes a break, gets a drink, etc.

Virginia Child Abuse Prevention Month Coalition

Sources of Information

Contact the organizations listed below for advice, information on state/provincial/local contacts, or catalogs of other materials available for purchase.

National Committee for Prevention of Child Abuse
332 S. Michigan Avenue, Suite 1600
Chicago, Illinois 60604-4357
UNITED STATES
Phone: (312) 663-3520

Institute for the Prevention of Child Abuse
25 Spadina Road
Toronto, Ontario M5R 2S9
CANADA
Phone: (416) 921-3151

Ohio League Against Child Abuse
615 Copeland Mill Road
Westerville, Ohio 43081
UNITED STATES
Phone: (614) 899-4710

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
USA

(317) 875-8755 Worldwide
(317) 879-0204 FAX

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Shaken Baby Syndrome

The Problem

John would never have struck his baby. Even that night when she started crying at 1:00 in the morning and was still wailing at 3:30, he didn't want to hurt her. He just wanted her to quiet down. In his frustration, he shook her; and she did quiet down. When she started to cry once more, he shook her again, and she dropped off to sleep. But she never woke up.

John, like many parents, relatives, and baby-sitters, didn't realize just how fragile an infant is. His child became a victim of "Shaken Baby Syndrome," or SBS, which affects more than 50,000 young children in the United States each year. Some children die, while others are permanently handicapped with blindness, paralysis, seizures, or mental retardation. Broken bones and dislocations are also possible.

Shaking a baby vigorously for any reason can cause brain damage. The shaking may reflect the caregiver's frustration or may be intended to emphasize a disciplinary measure. However, Shaken Baby Syndrome may also result from play activities, such as repeatedly tossing an infant up in the air, vigorous bouncing on the knee, spinning a child, or carrying a child while jogging.

Young children can be injured through these actions because they differ physically from older children and adults. A young child's head is larger in proportion to his body, and the neck muscles are relatively weak. The brain is covered with less myelin (the fatty substance that encases nerve fibers), and there is more space between the brain and the skull. Thus, shaking a young child moves a less protected brain through a larger space, causing a greater impact. The result is bleeding in the brain, which can cause damaging pressure.

The Solution

Kiwanis clubs can help prevent Shaken Baby Syndrome by educating parents and other care givers. Between one quarter and one half of the American public doesn't know that shaking an infant can cause brain damage or death, according to the Ohio Research Institute on Child Abuse Prevention. Simple, direct education efforts can greatly reduce the number of uninformed care givers.

There are seven points that need to be communicated:

- Never shake a child who is under the age of two.
- Always provide support for an infant's head.
- Avoid games and activities that cause unnecessary back-and-forth movements of a baby's head.
- Protect toddlers from repetitive or severe falls as they learn to walk.
- Know what to do if a baby won't stop crying.
- Make sure other care givers know these precautions.
- Immediately take a baby who has been shaken to the emergency room.

This information can be distributed through brochures, parenting cards, print ads, and radio or television messages.

Club Activities

A club planning to address Shaken Baby Syndrome should start by seeking out partners for an education effort: the local hospital, prominent pediatrician, health department, and/or committee for prevention of child abuse. The club has the ability to get the "Don't Shake Babies" message out to the community, but it needs at least one of these partners to ensure the credibility of the message. Furthermore, it is vital to get this message to parents as early as possible in the life of the child. The Ohio League Against Child Abuse recommends working with a hospital so that parents leave the hospital knowing the dangers of shaking their baby.

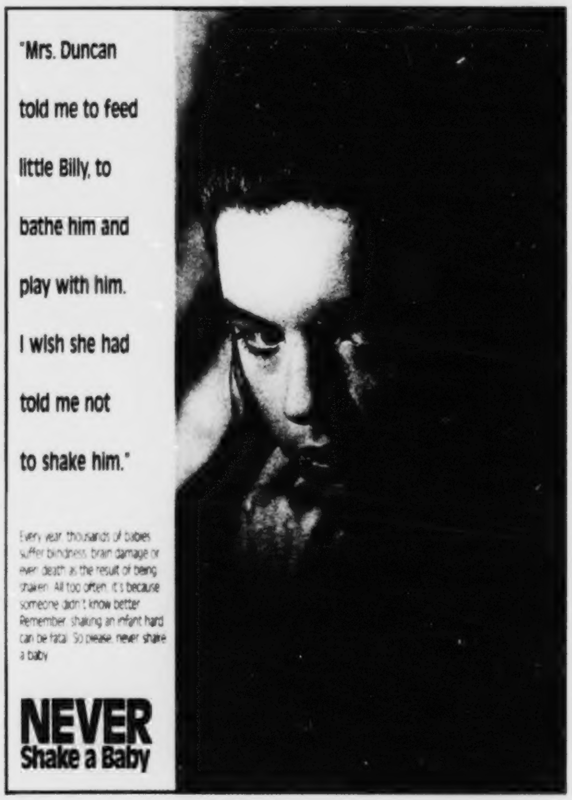
Once the club has identified the doctor, government official, or child abuse expert who will act as the spokesperson, the campaign can be planned. The objective is to communicate the basic "Don't Shake Babies" message to everyone in the community and to provide more comprehensive information about SBS and how to cope with a crying baby to parents and other care providers.

The materials clubs can use in this effort include a large number of items. A brochure, ready for reproduction, is included on pages 5 and 6 of this service bulletin and sample radio scripts appear on page 4. Described below are materials available from the Ohio Research Institute on Child Abuse Prevention. An order form for these materials appears on page 7. If a club works with a hospital, it may want to discuss setting up a complete project with follow-up cards and tracking through a computer program. Information on such a program is available from the Ohio Research Institute on Child Abuse Prevention (write: Ohio Research Institute on Child Abuse Prevention, 615 Copeland Mill Road, Suite 2-E, Westerville, OH 43081; or call: 614/899-4715).

Available Materials

Use the order form on page 7 of this bulletin to order the following materials from the Ohio Research Institute on Child Abuse Prevention.

Print Public Service Announcements—A series of three black and white print ads (8½" x 11") showing an anguished adult who has shaken and injured a baby. Ready for reproduction. Available in English and Spanish.



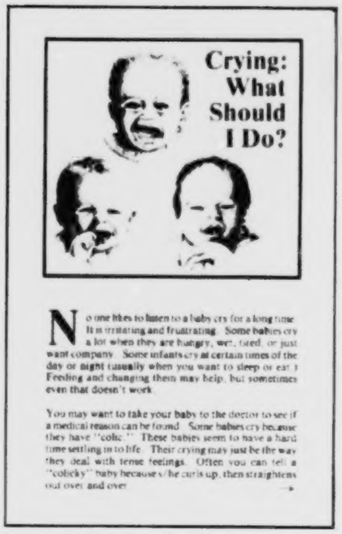
"Mrs. Duncan told me to feed little Billy, to bathe him and play with him. I wish she had told me not to shake him."

Every year thousands of babies suffer blindness, brain damage or even death as the result of being shaken. All too often, it's because someone didn't know better. Remember: shaking an infant hard can be fatal. So please, never shake a baby.

NEVER
Shake a Baby

Radio Public Service Announcements—A series of three 30-second radio PSAs on broadcast quality reel-to-reel tape, suitable for local tagging. A cassette tape of all three announcements (with an Ohio League local tag) is also included.

Television Public Service Announcements—A series of three 15-second television PSAs on a broadcast quality one-inch videotape, suitable for local tagging. A VHS videotape of all three announcements (with an Ohio League local tag) is also included.



Crying: What Should I Do?

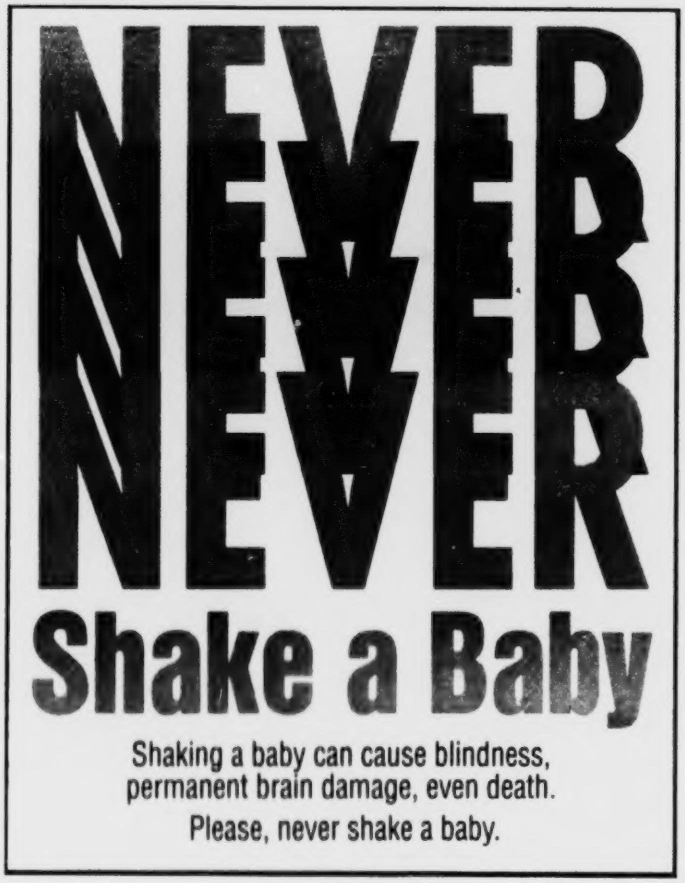
No one likes to listen to a baby cry for a long time. It is irritating and frustrating. Some babies cry a lot when they are hungry, wet, tired, or just want company. Some infants cry at certain times of the day or night (usually when you want to sleep or eat.) Feeding and changing them may help, but sometimes even that doesn't work.

You may want to take your baby to the doctor to see if a medical reason can be found. Some babies cry because they have "colic." These babies seem to have a hard time settling in to life. Their crying may just be the way they deal with tense feelings. Often you can tell a "colicky" baby because s/he curls up, then straightens out over and over. →

Crying: What Should I Do? **Parenting Card**—Suggests actions that may end the crying, urges patience, and warns to never shake a baby. Heavy card stock, 5" x 8". Localization tag for orders of 1000+. Available in English or Spanish.

Crying: What Should I Do? **Videotape**—A seven-minute tape that tells parents what they can do when their baby cries. A VHS tape that can be played in offices of doctors and medical clinics or loaned out by libraries, video stores, hospitals, or clinics.

Posters—Say "Never Shake a Baby." Black and red ink on white paper. Available in 16" x 20" and 8½" x 11" sizes.



NEVER NEVER NEVER NEVER

Shake a Baby

Shaking a baby can cause blindness, permanent brain damage, even death.

Please, never shake a baby.

Radio Public Service Announcements

Type (double-spaced) copies of these radio scripts and take them to your local radio stations. Ask them to read any of the public service announcements to promote the dangers of shaking babies.

Don't Shake Your Baby!

■ 30 Seconds

Every year young children are paralyzed, blinded, or killed because people don't understand how dangerous it is to shake a baby, . . . or toss one in the air, . . . or bounce one on a knee. Infants have large, heavy heads, weak neck muscles, and very fragile brains. Shaking that wouldn't bother an older child can kill a younger one. So please, ***don't shake your baby***!

This message brought to you by radio station ________ and the Kiwanis Club of ________.

■ 15 Seconds

Parents of young children, please remember:

An infant's head is very large, and his neck muscles are weak. Repeated or violent shaking or bouncing can cause brain damage. So, ***don't shake your baby!***

A message from (radio station) and the Kiwanis Club of ________.

■ 10 Seconds

Don't do something that could blind, paralyze, or even kill your baby. ***Don't shake your baby.***

A message from (radio station) and the Kiwanis Club of ________.

When the Baby Keeps Crying

■ 30 Seconds

It happens to every parent . . . The baby starts crying, and you do all the right things: you change her diaper, burp her, walk with her, feed her, rock her . . . but nothing works. She keeps crying. The longer your baby cries, the louder it seems, and the more upset you become . . . until you feel like you're going to explode.

Protect your baby and yourself. Have a friend take over. Or put the baby in her crib and go to another room.

A message from (radio station) and the Kiwanis Club of ________.

■ 15 Seconds

The baby keeps crying, no matter what you do. And the crying starts driving you crazy. The baby's in hysterics, and you're headed there, too.

Move away before ***you*** pop. Call a friend to take over. Or put your baby in his crib.

A message from (radio station) and the Kiwanis Club of ________.

■ 10 Seconds

When the baby won't stop crying, don't let it get to you. Call a friend. Or put your baby in his crib.

A message from (radio station) and the Kiwanis Club of ________.

Instructions

The page to the right is a brochure, ready to be printed. To use this master, remove the staples in the gutter between the pages, cut along the fold, and then have the brochure printed, double-sided. Have the printed brochures folded like business letters (#10 letter fold), with the panel that reads "Don't Shake a Baby" as the cover.

When the Baby Cries

When your baby cries, remember that this is the way he or she communicates with you. Please be patient and see what your baby needs. Try the following:

- Pick up the baby and comfort her.
- Check the baby's diaper and change it if wet or soiled.
- See if the baby is too hot or too cold.
- Burp the baby.
- Feed the baby slowly—and burp the baby often.
- Offer the baby a pacifier.
- Take the baby to a quiet room.
- Hold the baby against your chest and walk or rock him.
- Take the baby for a ride or put her in a baby swing.

If the crying wears you out or upsets you, separate yourself from the baby for a while. Put the baby in her crib, leave the room, and shut the door. If possible, ask someone else to take over comforting the baby. Then, call someone to talk to or do something you find relaxing.

Distributed by your local Kiwanis club as part of the Kiwanis International service program *Young Children: Priority One.*

Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196

(317) 875-8755 Worldwide
(800) 879-4769 North America
(317) 879-0204 FAX

Don't Shake A Baby!

Shaking a baby can cause severe injury or death!

The Dangers

Please don't shake your infant. Shaking a young child can cause brain damage or spinal injuries that result in:

- Death
- Blindness
- Mental Retardation
- Seizures
- Learning Disabilities
- Cerebral Palsy
- Paralysis

The Don'ts

People who shake their infants don't mean to hurt them. Some shake their children to interrupt what seems like endless crying.

Others are playing with their children. So, play it safe and remember the Don'ts:

- Don't shake a baby.
- Don't toss a small child in the air.
- Don't bounce a baby on your knee or swing him on your foot.
- Don't spin a child around.
- Don't "crack the whip" while swinging a child by the ankles.
- Don't let a child learning to walk fall repeatedly.

The Always Do's

- Support your baby's head while holding, playing with, or transporting her.
- Hold and cuddle the baby to show you love him or her.
- Make sure anyone who handles your baby knows the dangers of shaking.
- If you suspect the baby has been injured through a fall, playing, or accidental shaking, go to a doctor immediately.
- Learn what to do if your baby won't stop crying.

Why Babies Get Injured by Shaking

Shaking a young child has a different effect than it does with an adult, or even a ten-year-old. This is because a young child has a large, heavy head, weak neck muscles, and a brain that is still developing.

The brain has not yet fully developed its outer protective layer, so it can be injured more easily. And, the space between the brain and skull is larger, so the brain can travel farther, gaining more speed before impact with the skull.

Shaking a baby causes a whiplash effect. The brain strikes the inside of the skull as the baby's head rapidly moves back and forth. The brain starts bleeding, causing pressure which damages the tissue. The result can be permanent brain damage.

In other cases, shaking has damaged the spine or caused broken bones or dislocations.

Order Form

"Don't Shake the Baby" Materials

Item	**Unit Cost**	**Quantity**	**Total Cost**
Crying: What Should I Do? **Parenting Card** Localization tag for orders of 1000+	$.20		
Never Shake a Baby **Poster** 16" x 20"	$1.00		
Never Shake a Baby **Posters** 8½" x 11"—set of 5 posters	$2.00		
Crying: What Should I Do? **Videotape** 7-minute VHS tape	$99.00		
Multi-media Package—English Includes TV PSAs, Radio PSAs, Print PSAs, and 10 posters (16" x 20")	$325.00		
Multi-media Package—Spanish Includes TV PSAs, Radio PSAs, Print PSAs, and 10 posters (16" x 20")	$325.00		
Multi-media Package—English and Spanish	$625.00		
		Subtotal	
		Shipping (add 5% of subtotal)	
		Total	

Ship to:

Name ______________________________

Address ______________________________

____

____

Phone ______________________________

Kiwanis Club of ______________________________

Send order form and payment to:

Ohio Research Institute on Child Abuse Prevention
615 Copeland Mill Road, Suite 2-E
Westerville, OH 43081

Call (614) 899-4715 if you have questions

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
USA

(317) 875-8755 Worldwide
(800) 879-4769 North America
(317) 879-0204 FAX

PO #12

A SERVICE PROJECT FOR
YOUNG CHILDREN: PRIORITY ONE

Parents Anonymous

The Problem

In 1990, an estimated 2.5 million incidents of child abuse and neglect were reported to child protective services agencies in the United States. That figure represents a 105 percent increase over the number of reports in 1980, a mere 10 years ago.

It is important to note that in some 80 percent of reported child abuse cases, overwhelmed, stressed parents were alleged to have abused their children. Given the current economic and social pressures facing many families today, parents are often confronted with stresses that challenge their ability to cope. Many families struggle financially and, as a result, are unable to provide adequate child care or even meet the children's basic needs. In other cases, child abuse results when parents have never learned how to be good parents.

Experts believe that the majority of parents with abuse problems were abused as children, physically, emotionally, and/or sexually. The "learned" behavior becomes the mode by which parents resolve conflict, communicate with their children, and even discipline them. Unlearning the behavior is the first step in stopping child abuse and creating healthier environments for children.

Given support and proper intervention, the majority of parents with problems can keep their families intact, stop unwanted parenting behaviors, and begin healing.

The Parents Anonymous Solution

Parents Anonymous, Inc. helps families by offering free, professionally facilitated, peer-led support groups for parents with abuse problems. The philosophy of the organization is that parents have the ability to heal themselves by seeking solutions to their problems within themselves.

In 1991, Parents Anonymous, or PA, served 30,000 families through more than 1,200 support groups. These groups meet in schools, hospitals, community centers, churches, and a variety of other sites. In addition to the traditional parent-support model, PA has created special groups for teenagers, various ethnic groups, prison inmates, and grandparents. There is also special programming for children connected to some support groups.

A Parents Anonymous group is often the first step a parent takes in seeking help to control anger directed toward his or her children. A PA group offers a safe atmosphere where parents discuss what works with their kids and what doesn't. Each individual can examine his own behavior and choose more humanistic options in parenting.

Kiwanis and Parents Anonymous

Kiwanis clubs can work with Parents Anonymous chapters in their mission to prevent child abuse and neglect. There is also a need to start new PA support groups in many areas.

The first step a club should take is to contact a state or local Parents Anonymous affiliate. A list of chartered state and provincial organizations appears at the back of this bulletin. If your club is outside the United States and Canada, or in a state without a chartered affiliate, complete the coupon on the last page of this bulletin and send it to the Parents Anonymous National Office. The office will tell you who is conducting PA groups in your area or provide information on the process to start a PA support group.

When a club's committee for *Young Children: Priority One* contacts the local Parents Anonymous chapter, it can:

- Meet with leaders of the PA chapter to discuss the needs of the PA program and how the club or division can help.
- Invite a PA representative to speak at a club meeting.
- Ask if a local PA group would allow a member of the committee to attend a meeting of the PA group.
- Develop a plan to help the PA chapter and present it to the club's board of directors.

Kiwanis support can take many forms. Most Parents Anonymous chapters need financial assistance, volunteer support, and additional publicity.

Support Projects

Child Care—Provide child care for Parents Anonymous groups that don't have the resources to conduct children's groups. This would eliminate an obstacle for parents, enabling them to attend group meetings regularly. The club could hire a licensed, trained child care worker or use members of the club to provide this service.

Transportation—Transportation problems keep some parents from getting to PA meetings. Club members could give rides to parents who need them or set up a bus system that would pick up all the parents in the group.

Adopting an Office—The Parents Anonymous state and affiliate offices often need more help to give adequate support to local PA groups. A club or division could provide volunteers to help with general office tasks, arrange for members to share their professional expertise (legal, accounting, management, publicity), raise funds, or help set up a "Support Council" of companies that are willing to help the PA organization.

Public Awareness Campaign—To help Parents Anonymous make the community aware of what PA does and its presence in the community, clubs could develop and distribute flyers, ask for public service ads in newspapers or on radio and television, sponsor a parenting event, or establish a speakers bureau. For additional information on public awareness activities, request service bulletin MEP #10 from the Program Development Department of Kiwanis International.

Speakers Bureau—A club could help set up and publicize a speakers bureau featuring PA leaders and experts on various parenting issues.

Stressline—Many chapters of Parents Anonymous and the National Committee for Prevention of Child Abuse have established phone lines that parents can call for advice or support. Clubs that want to set up a parent stressline in cooperation with Parents Anonymous can contact the Ohio PA office to learn how it organized its stressline.

Special Events—A PA group could use Kiwanis support for an event outside the PA meeting that would allow the PA parents to do something special with their families. This could be a picnic, a "family expedition" to a tourist attraction, or a "messy fun day" for the children. For more information on possible activities, request the Family Day Kit and service bulletin MEP #10 (see section on parent support) from the Kiwanis International Office.

Parent Aides—Parent Aides are trained, professionally supervised individuals who assist parents whose children are at risk of abuse or neglect. They visit families and help parents understand the developmental stages of their children, develop coping skills, increase communication, and use community resources. A Kiwanis club could help set up a Parent Aide program or support an established program with funding or volunteers. To learn more, contact the National Parent Aide Association, 332 S. Michigan Avenue, Suite 1600, Chicago, IL 60604-4357. Phone: (312) 663-3520.

Adopt a PA Group—Certain costs are involved in running a Parents Anonymous group, and a club could help with these expenses. In addition, a club could work with the group's facilitator to offer assistance to members of the group, such as helping to pay medical expenses for a child, transportation to a doctor's office, or searching for a job.

Printing—Handouts for groups, newsletters, and other small printing jobs could be done by a Kiwanis club member to reduce the PA chapter's expenses.

Public Service Announcements—A club or division could work with a PA chapter to create and distribute print, audio, or video public service announcements.

Videotapes—Many excellent tapes on parenting issues are available that a club could purchase and loan to members of local PA groups. Or, a club could support the production of a tape by a PA chapter that answers a need they feel has not been served by a professional production.

Family Support—A club could offer to give whatever assistance a family needs. Volunteers could visit and help with the children, provide transportation, help set up a family budget, or give gifts on holidays.

Fund Raising

Kiwanis clubs could support a Parents Anonymous organization by developing a fund raiser to benefit PA. Linking Kiwanis resources with the PA cause could create a high-profile event that garners great community support, raising public awareness as well as money. This event could be targeted for April, which is Child Abuse Prevention Month. Listed below are some possible events, but there are many other possibilities. Form a committee of Kiwanians and PA supporters and develop a fund raiser that takes the best advantage of the resources you have and will "sell" well in your community.

Dinner—A per-plate dinner is often successful. Find a theme. Try to keep costs to a minimum by soliciting in-kind donations of food, printing, a facility, or even a speaker. Combine the contacts of the Kiwanis club and the PA mailing list to launch ticket sales.

Raffle—Declare that all proceeds will go to support Parents Anonymous and solicit one—or a few—expensive items that can be awarded as prizes. Sell tickets for $1 to $5.

Auction—The value of the items collected for an auction can vary tremendously, but the people who come must be interested in many of the items on the block. The auctioneer needs to be a professional. Consider selling low-cost tickets ($1.00) as a mechanism for Kiwanians to push attendance and to cover basic expenses. Then, all the funds raised during the auction can go to PA.

Flea Market—The items collected may have very little value, but quantity and location are important. The more items collected and the busier the location of your market, the more money you will raise.

Bingo—This has proven to be a good fund raiser for several Parents Anonymous organizations, and it requires a minimum investment of time and people. The first step is to find out how many bingo games already operate in the area. The second is to attend several to learn what the local bingo customs are.

Car Washes—While there are probably more effective ways to raise money, a car wash is an excellent ice-breaker, involving Kiwanians and PA members in an enjoyable, relaxing activity.

Parents Anonymous State Organizations

To learn more about Parents Anonymous and PA organizations in your area, contact one of the state or provincial organizations listed below or contact the Parents Anonymous National Office. A coupon to send to the national office appears on the last page of this bulletin.

Canada

PA Alberta
Holly Yates, Vol. Coord.
Suite #220, 665 - 8 St. S.W.
Calgary, Alberta T2P 3K7
(403) 263-6663

PA Quebec
CP 186
Succ Place D'Arms
Montreal, Quebec
H2Y 3G8
(514) 288-5555

PA New Brunswick
Box 1534, Station A
Frederiction, New Brunswick
Canada E3B 5G2
(506) 450-4357

United States

PA Alabama
Council for Parenting &
Protecting Children
P.O. Box 230904
Montgomery, AL 36123
(205) 271-5105

PA Alaska
Tongas Community Counseling
Center
222 Seward Street, Ste. 202
Juneau, Alaska 99801
(907) 586-3585 ext. 306

PA Arizona
2701 N. 16th St., #316
Phoenix, AZ 85006
(602) 248-0428

PA Arkansas
SCAN Volunteer Services
P.O. Box 7445
Little Rock, AR 72217-7445
(501) 372-7226

PA California
179 Los Ranchitos Rd.
San Rafael, CA 94903
(415) 479-9338 (ask for PA)

PA Colorado El Paso Health Department
501 N. Foote Ave.
Colorado Springs, CO 80909
(719) 578-3211

PA Connecticut
60 Lorraine St.
Hartford, CT 06105
(203) 523-5255

PA Delaware
124 CD Senatorial Dr.
Greenville Place
Wilmington, DE 19807
(302) 654-1102

PA Florida
Mount Vernon Square
1106 Thomasville Road
Suite M
Tallahassee, FL 32303
(904) 488-5437

PA Georgia
Council on Child Abuse
1401 Peachtree St., NE, #140
Atlanta, GA 30309
(404) 870-6565

PA Hawaii
45-955 Kamehameha Hwy.
Kaneohe, HI 96744
(808) 235-0255

PA Idaho
Panhandle Health Dept.
2195 Ironwood
Coeur d'Alene, ID 83814
(208) 667-3481

PA Illinois
Children's Home & Aid Society
of Illinois
1122 N. Dearborn St.
Chicago, IL 60610
(312) 944-3313

PA Indiana
Prevention of Child Abuse
Jefferson Plaza
1 Virginia Ave., Ste. 401
Indianapolis, IN 46204
(317) 634-9282

PA Iowa
2014 38th St.
Des Moines, IA 50310
(515) 279-2755

PA Kansas
Child Abuse Prevention Council
428 S. Broadway
Suite 204
Wichita, KS 67202
(316) 262-8434

PA Kentucky
Council on Child Abuse
2401 Regency Road,
Suite 104
Lexington, KY 40503
(606) 276-1299

PA Louisiana
Council on Child Abuse
343 3rd St., Ste. 510
Baton Rouge, LA 70801
(504) 346-0222

PA Maine
87 High Street
Portland, ME 04101
(207) 871-7445

PA Maryland
733 West 40th St., Suite 20
Baltimore, MD 21211
(410) 889-2300

PA Massachusetts
140 Claredon St.
Boston, MA 02116
(617) 267-8077

PA Michigan
2000 S. State Street
St. Joseph, MI 49085
(616) 983-5545

PA Minnesota
1061 Rice St.
St. Paul, MN 55117
(612) 487-2111

PA Mississippi
MS. Adoption and Child Abuse Prevention, Inc.
P.O. Box 255
Columbus, MS 39703
(601) 328-5955

PA Missouri
10920 Elm Ave.
Kansas City, MO 64134
(816) 763-8050

PA Montana
Council for Families
P.O. Box 7533
Missoula, MT 59807
(406) 728-9449

PA Nebraska
Route 1, Box 93
Cairo, NE 68824
(308) 381-5600

PA Nevada
WE CAN, Inc.
3441 W. Sahara, C-3
Las Vegas, NV 89102
(702) 368-1533

PA New Hampshire
Home and Community Health Care
Commerece Building, Ste. 9
Lebanon, NH 03766
(603) 448-1597

PA New Jersey
12 Roszel Road
Suite A-103
Princeton, NJ 08540
(609) 243-9779

PA New Mexico
NMWCF P.O.Box 800
Grants, NM 87020
(505) 287-2941

PA New York
121 N. Fitzhugh St.
Rochester, NY 14614
(716) 454-5066

PA North Carolina
NC/NCPCA
3344 Hillsborough St.
Suite #100-D
Raliegh, NC 27607
(919) 829-8009

PA Ohio
League Against Child Abuse
615 Copeland Mill Road
Suite 1-H
Westerville, OH 43081
(614) 899-4700

PA Oklahoma
Muskogee Youth Services
4009 Eufaula Avenue
Muskogee, OK 74403
(918) 682-2841

PA Oregon
3550 S.E.Woodward
Portland, OR 97202
(503) 238-8819

PA Pennsylvania
2141 N. 2nd St.
Harrisburg, PA 17110
(717) 238-0937

PA Rhode Island
Family Service Inc.
55 Hope Street
Providence, RI 02906
(401) 331-1350

PA South Dakota
105 Teton Lane
Brookings, SD 57006
(605) 692-2015

PA South Carolina
5055 Lackawanna Blvd.
N. Charleston, SC 29406-4522
(803) 747-1339

PA Tennessee
Child Abuse Prevention of Tennessee
3010 Ambrose Ave.
Nashville, TN 37207
(615) 227-2273

PA Texas
3809 S. 2nd, Suite 300
Austin, TX 78704-7058
(512) 443-3811

PA Utah
Family Support Center
622 23rd St.
Ogden, UT 84401
(801) 393-3113

PA Vermont
Center for Prevention of Child Abuse
P.O. Box 829
Montpelier, VT 05602
(802) 229-5724

PA Virginia
Virginians for Prevention of Child Abuse, Inc.
224 E. Broad St.
Suite 302
Richmond, VA 23219
(804) 775-1777

PA Washington
1305 4th Ave., Suite 310
Seattle, WA 98101
(206) 233-0156

PA West Virginia
217 W. Martin St.
Martinsburg, WV 25401

PA Wisconsin
214 N. Hamilton St.
Madison, WI 53703
(608) 256-3374

PA Wyoming
Laramie County for the Prevention of Child Abuse
P.O.Box 19065
Cheyenne, WY 82003-9065
(307) 637-8622

Parents Anonymous National Office
520 S. Lafayette Park Place
Suite 316
Los Angeles, CA 90057
(213) 388-6685
1-800-421-0353

For More Information

Call the Parents Anonymous National Office (213/388-6685), or clip this form and send it to:

Parents Anonymous National Office
520 S. Lafayette Park Place, Suite 316
Los Angeles, CA 90057

The Kiwanis Club of ______________________ wants to learn more about Parents Anonymous programs.
Please send us:

____ An information packet.

____ Contact information for the nearest PA group.

____ Contribution information

____ Information on how our club could help set up a PA group in our community.

____ "For our Children" 10-minute video on the PA program, which we will return after viewing.

Name: ______________________

Address: ______________________

____

Kiwanis International Office
3636 Woodview Trace
Indianapolis, IN 46268-3196
USA

(317) 875-8755 Worldwide
(800) 879-4769 North America
(317) 879-0204 FAX

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Parenting Education

The Problem

Babies don't come with instruction manuals. Yet one of the biggest jobs a person can ever face is raising a child. That job looms even larger to someone who has no network of experienced family members and friends who can give advice and support through the many minor crises of child rearing. It can prove an impossible task for someone who never had a model of good parenting, or who is, in many ways, still a child herself.

These are the problems facing many new parents today: a lack of support, knowledge, and maturity. The result is that many children in our society are in danger. In the short term, they face the possibility of abuse that damages them physically and emotionally—undoubtedly leaving permanent scars; in the long term, they are likely to become more unhappy and even less able to cope than their parents.

The Solution

To save the children of today, we must help rebuild their families. For parents in crisis, there must be support and education on how to be good parents.

A number of organizations have seen this need and responded with education programs that provide support and guidance over several months to several years. This also builds a network of mutual support among the members of the class. Studies indicate that these programs have a tremendous positive effect on the families: often ending abuse, improving communication, and contributing to the self-esteem and later academic success of the children.

Less intense programs that do not use a professional facilitator also have had a positive effect. Studies show that even some printed materials can affect the behavior of parents.

A club could develop its own parenting education program. A survey of parents and child-centered experts would produce a list of topics that should be covered. Various experts and more experienced parents could be asked to address the chosen topics and find printed resources for the "student" parents to read. The club could recruit parents through mailings or distribution of flyers.

Rather than start from scratch, clubs can investigate the programs described below that seem to best fit the community's needs and the club's resources.

Long-Term Parenting Education Programs

The programs described in this section are not likely to be funded and administered by one—or even several—Kiwanis clubs. They are designed to fit into a family services organization, and most clubs will want to work with one or more partners who have expertise, facilities, and a greater understanding of parents' needs.

What a Kiwanis club brings to the development of a long-term parenting education program will vary by community. It may function as the catalyst to draw the right people into a discussion on parenting education; from that discussion will emerge the commitment to start a program. The club may survey the need in the community and assemble an advisory group that chooses the best program. In many cases, it will make a financial commitment to purchase start-up materials or send a facilitator to a training seminar. The club may also bring other community leaders and business people into a supporting role.

The cost of materials for these programs ranges from several hundred dollars to more than $1,000. In addition, some require travel to and registration for training. Partial funding for these programs can often be found through government grants that address abuse or family support. Foundations and businesses have also provided support for local implementation of these programs. The relative costs of the programs will certainly merit consideration, but a more important criterion will be which program best fits the community and helps parents.

EPIC

EPIC, or Effective Parenting Information for Children, provides parenting education through a series of workshops. Parents share concerns, support one another, and learn skills to strengthen their parenting role. Materials are also supplied for teachers to work into their curriculums on positive self-concept, responsible behavior, and decision making.

EPIC has four curriculums for parents of children: age zero to three, pre-kindergarten to grade three, grades four through six, and grades seven through 12. Each curriculum has material for approximately 15 workshops. EPIC offers training to volunteers to learn how to run workshops (12 hours of training) and provide child care (six hours) for parents attending workshops. After this initial training, the volunteers attend a series of six workshops (two hours each). EPIC also offers in-service training to teachers so they can learn how to integrate EPIC materials into their required classroom activities.

To learn more about bringing EPIC to your community, contact:

EPIC Executive Offices
State University College at Buffalo
Cassety Hall, Room 340
1300 Elmwood Avenue
Buffalo, NY 14222
Phone: (716) 886-6396

MELD: Programs to Strengthen Families

The MELD program brings together groups of parents who have similar parenting needs, provides them with pertinent information, and helps them to develop into supportive peer groups. Experienced parents volunteer to facilitate MELD groups. After careful selection, they receive extensive training and support from a MELD-trained site coordinator.

MELD offers parents and group facilitators comprehensive curriculums with material in five areas: health, child development, child guidance, family management, and personal growth. The group chooses the topics to be explored, and every parent uses a workbook that reinforces the information presented in the group meetings. The group usually meets every other week for two years.

Parents learn to respect and appreciate the uniqueness of each child, to be sensitive to each child's special needs and interests, and to develop appropriate expectations for their children.

MELD has six curriculums for new parents, young mothers, parents of growing families, Hispanic families, parents of disabled/chronically ill children, and parents who are hearing impaired.

Each MELD program is sponsored by an agency or organization that provides administration by a MELD-trained "Site Coordinator." The Site Coordinator then trains (for 40 hours) the volunteer group facilitators who lead MELD groups.

MELD programs operate in more than 100 locations in Australia, Canada, and the United States. To learn more about setting up a MELD program, contact:

MELD
123 N. 3rd Street
Minneapolis, MN 55401
Phone: (612) 332-7563

The Nurturing Programs

Based on the philosophy that parenting is learned, these programs are designed to prevent and treat child abuse and neglect. The programs address the parents' need to be nurtured as they learn to nurture their children. There are six programs, for parents and children ages birth to five; four to 12; in adolescence; for teenage parents and their families; for parents with special learning needs; and for foster or adoptive families. Professional counselors need to run Nurturing Programs. The paragraphs below give more detail on two of the programs.

Nurturing Program for Parents and Children Birth to Five Years—This can be used at home for 45 sessions, administered by a home visitor; or it can be a 23-session group program run by two facilitators (one for the parents and one for the children). Parents learn about recognizing and understanding feelings, infant and child massage, nurturing parenting routines, alternatives to hitting, child development, and ways to build self-esteem and self-concept in parents and children. This program is also available in Spanish.

Nurturing Program for Parents and Children Four to 12 Years—In this 15-session group-based program, parents and children increase their empathy, learn nurturing ways to encourage appropriate behaviors, build self-concept and self-esteem, and learn to have fun as a family. This program is also available in Spanish.

There are certified consultants on the Nurturing Program throughout the United States who could work with Kiwanis clubs interested in setting up Nurturing Programs in their communities. To learn more about the Nurturing Programs or to request a catalog, contact:

Family Development Resources, Inc.
3160 Pinebrook Road
Park City, Utah 84060
Phone: (801) 649-5822

Parents as Teachers

Parents as Teachers (PAT) is a partnership between home and school designed to give children the best possible start in life and to support parents in their role as the first teachers of their children. PAT helps parents maximize the overall development of their children in the first three years, thus laying the foundation for school success and minimizing developmental problems which might interfere with learning.

Parents as Teachers is designed to serve all parents—from single, teenage mothers to two-parent, well-educated families. It involves home visits by trained "parent educators" who explain the stages of child development and offer timely, practical ways for parents to encourage their children's development. Parents with children of the same age meet regularly in groups to share their experiences, common concerns, frustrations, and successes. Periodically, there are screenings for potential health problems or handicaps. There is also a referral network that helps parents who need special assistance beyond that provided by PAT.

A club interested in bringing *Parents as Teachers* to a community will need to work with the local school system or human services agency. The program requires employment of a program coordinator and enough parent educators to serve all the families with young children (approximately one parent educator for every 30 families). In addition to an administrative office, there needs to be a play room and parent resource room. The cost of this system is considerable, but the result is better prepared children, more involved parents, and greater success for children throughout their school careers. In fact, Missouri Commissioner of Education Robert E. Bartman called PAT "Missouri's early dropout prevention program."

Interested clubs should request material on PAT and start discussing the potential with the school administration and various business and community leaders who might later be asked to join an advisory council for the program.

For more information on *Parents as Teachers*, contact:

Parents as Teachers National Center
Marillac Hall
University of Missouri–St. Louis
8001 Natural Bridge Road
St. Louis, Missouri 63121-4499
Phone: (314) 553-5738

Healthy Start

The *Healthy Start* program has been so successful in preventing child abuse and neglect in Hawaii that a (U.S.) federal grant is supporting the development of *Healthy Start* projects in several other states. This program uses home visitors to link families to other resources, reduce family stress, and model parenting skills. Kiwanis clubs may be able to provide support to families in these *Healthy Start* programs. To learn whether there is a *Healthy Start* program in the area, a club would contact child protective services or the family support office in the local government. A club interested in learning more about *Healthy Start* or possibly sending someone to a training conference should contact:

Hawaii Family Stress Center,
Kapiolani Medical Center
2919 Kapiolani Boulevard
Honolulu, HA 96826
Phone: (808) 732-0000.

Short-Term Programs

There are a number of other parenting education programs of lesser length and intensity that could be considered. The smaller size of these programs reduces the training of the discussion leader, and holds down the cost of these programs. Unfortunately, this may also reduce their effectiveness or impact on parents.

The *Very Involved Parent* (VIP) project was developed at the University of North Carolina at Charlotte. There are four VIP programs, for teenage parents, parents of preschoolers, parents with children in self-care, and parents with alcoholic spouses. All VIP programs are designed to help parents learn parenting skills, manage stress, build family strengths, and effectively use community resources. Parent manuals are $10. For information and prices on training of leaders, contact the Department of Human Services, University of North Carolina, Charlotte, NC 28223. Phone: (704) 547-2171.

The Center for Improvement of Child Caring (CICC) has developed three education programs. The *Confident Parent: Survival Skills Training Program* is designed for parents of children ages two through twelve and is designed for small groups of parents meeting in ten two-hour sessions. The *Effective Black Parenting Program* is designed as a 15-week program with weekly sessions of three hours each. There is a similar program for Hispanic parents titled *Los Ninos Bien Educados*. The cost for training a leader for one of these programs ranges from $450 to $800. Parent materials are $15 to $17 for each parent, and other support materials are available. To learn more, contact CICC, 11331 Ventura Blvd., Suite 103, Studio City, CA 91604. Phone: (818) 980-0903.

Parent Effectiveness Training, or PET, teaches non-authoritarian methods for resolving problems with children and suggests strategies to prevent parent-child problems. PET is taught in eight three-hour sessions, and a variety of training methods are used. The course is available in Spanish and English, and the parents' text has been translated into several other languages. Training for a PET instructor would be approximately $600, and copies of the PET book for parents are $10. The Center for Improvement of Child Caring also offers training for PET instructors.

Videotapes

The *Active Parenting Discussion Program* uses a videotape of family vignettes to illustrate positive parenting skills. A discussion leader (supported by a guide book) facilitates discussion about parenting skills. A self-contained version requires no leader. Parents receive a handbook of reading assignments and action guide of family enrichment activities. In six sessions, the program addresses being an active parent, understanding your child, instilling courage, developing responsibility, winning cooperation, and the cooperative family in action. The tape for *Active Parenting* is $295, the discussion leader's handbook is $20, and the materials for each parent are $10. For more information contact Active Parenting, 810 Franklin Court, Suite B, Marietta, GA 30067. Phone: (800) 825-0060.

Early Childhood STEP (Systematic Training for Effective Parenting), for parents of children under age six, uses a videotape, leader's manual, and handbook for each participant. Its seven sessions address the stages of development, understanding behavior, self-esteem, communication, cooperation, effective discipline, and social and emotional development. The videotape and leader's guide cost $80, and each parent's handbook is $11. Order materials from American Guidance Service, Publisher's Building, P.O. Box 99, Circle Pines, MN 55014-9989. Phone: (612) 786-4343.

The *How to Talk So Kids Will Listen* kit has six sessions that address children's feelings, cooperation, alternatives to punishment, encouraging autonomy, praise, and the roles children play. A workshop requires a cassette, directions for a leader, and pocket cards ($99 for audio version, $190 for video). Book and workbook are $18 per participant. Another workshop, similarly priced, is called *Siblings Without Rivalry*. To order materials, contact the Negotiation Institute, Inc., 230 Park Avenue, New York, NY 10169. Phone: (212) 986-5555.

Raising America's Children is a series of 10 videotapes that describes the needs of children from birth to six. The tapes show children interacting with parents, peers, and other adults, and experts comment on what is observed. Each of the tapes costs $10, and a complete 120-page discussion guide is $6. To learn more about this program, contact the Frank Porter Graham Child Development Center, University of North Carolina, CB #8040, 300 NCNB Plaza, Chapel Hill, NC 27599-8040. Phone: (919) 962-7355.

Printed Materials

Child Behavior Management Cards on 30 subjects have been developed by the Ohio Research Institute on Child Abuse Prevention. These cards cover topics that range from crying and bed wetting to report cards and swearing. A display rack that holds 100 cards for each of 15 topics can be placed in a medical clinic, family services office, or other high-traffic areas. The rack costs $99, and the 1500 cards to fill the rack would cost $410 (shipping included). Contact the Research Institute, 615 Copeland Mill Road, Suite 2E, Westerville, Ohio 43081.

Cooperative Extension Newsletters—The Kiwanis Club of Bruce, Wisconsin purchased copies of *Parenting the First Year* for all new parents in the county it serves. The 12-issue newsletter is publication 321 of the North Central Region, and quantities can be order from the NCR Educational Materials Project, B-10 Curtiss Hall, Iowa State University, Ames, IA 50011. Phone: (515) 294-8802. There are a number of other publications developed by other regions or state offices of the Extension Service, so clubs should start by consulting with their local Extension home economist.

Growing Child—This monthly newsletter explains the development of the child and suggests appropriate activities. It follows the child through the first five years of life. For subscription information, contact Growing Child, 22 N. Second St., P.O. Box 620, Lafayette, IN 47902-0620. Phone: (800) 388-2624.

Parent and Preschooler Newsletter—Designed for parents of children ages one through six, this monthly publication has both regular features (recommending books, suggesting kitchen activities) and addresses one or more specific problems in each issue. It is available in English ($25 per year) and English/Spanish ($35 per year). Rates are $10 higher for subscribers outside North America. Contact Preschool Publications, Inc., P.O. Box 1851, Garden City, NY, 11530-0816. Phone: (516) 742-9557.

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268

(317) 875-8755 Worldwide
(800) 879-4769 North America
(317) 879-0204 FAX

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Immunizations

The Problem

It is always disturbing when a young child is incapacitated by a disease. It is heartbreaking when the disease leaves the child maimed or dead. But it is infuriating when the infection could have been prevented by simple immunization.

By age two, a child should be immunized against diphtheria, tetanus, pertussis (whooping cough), poliomyelitis, measles, mumps, rubella (German measles), Hepatitis B, and a severe flu (Haemophilus infuenzae type b). The worldwide averages for immunization have reached an impressive 80 percent, but the actual immunization levels of two-year-olds are often considerably below this. For example, in the United States, the immunization rate for two-year-old children is under 60 percent.

Generally, children don't get vaccinated because barriers prevent parents from making the arrangements. These barriers include: lack of public transportation, incomplete medical records on the children, advance appointment requirements, limited office hours at the clinic, long waiting times, requirements for comprehensive physical examinations, and limits on the number of immunizations given per day. Some parents have inadequate insurance or job benefits to have their children immunized. And others don't understand the need for immunizations.

Ideally, children should receive their immunizations as part of a comprehensive health care program. But children cannot afford to wait as systems are created or improved. This bulletin outlines what a club can do to define and respond to local needs for immunizations now.

Since 1989, the United States has experienced the largest measles outbreak in two decades. Between 1989 and 1991, more than 55,000 children contracted measles, and 150 died. Experts estimate that 80 percent of these cases could have been prevented by timely vaccinations.

What Kiwanis Can Do

Working in partnership with government agencies, medical groups, and other concerned service organizations Kiwanis clubs can make sure that all young children in the community are fully immunized.

The World Health Organization estimates that 3.2 million children a year are saved from death by immunizations. Further immunization efforts can save lives of an additional 2 million children each year.

Getting Started

Gather the Experts

To learn about immunization needs in your community, you will need to gather the experts on health issues at a meeting. Contact the heads of the county or district health department, hospital pediatric departments, and clinics that provide immunizations; invite them to meet with members of your Kiwanis club and other community leaders to discuss the level of immunizations among two-year-olds. This can be an informal meeting which helps you learn whether Kiwanis help is needed in the area of immunizations. There are five basic questions that can be asked:

1. Do parents understand the need for immunizations?
2. Are immunization services readily available?
3. Are there barriers to receiving immunizations?
4. Are immunizations free or low cost?
5. Is there a tracking system to make sure every child is fully immunized?

Identify the Needs

You may conclude that the first thing the club should do is work with the health department to gather statistics on the number of children under school age who need to be immunized. This will involve gathering records on the number of young children in the community (comparing birth records, health records, census data, and school records) and comparing them to immunization records (from the health department, clinics, hospitals, and pediatricians). Confidentiality of the medical records will complicate this process, but you can develop reasonable estimates of the number of children needing immunizations.

The U.S. ranks 56th worldwide in immunizing minority children and 17th in protecting all children against preventable diseases.

As you help the health department gather and analyze this data, you also can be developing a list of families to contact about having their children immunized. This experience may provide insights about the need for a unified, comprehensive method of maintaining immunization records and tracking children. Discuss whether you could help the health department develop and put in place such a system.

A survey of families with young children will help you understand what parents know about the need for immunizations, what has kept them from immunizing their children, and whether they would bring them to an immunization site. Make sure the survey is conducted in several different public places or neighborhoods and truly reflects the economic and cultural diversity of the community.

Build the Partnership

Armed with data, you can educate community leaders and build a partnership or coalition to immunize young children. Invite business leaders, officers of service clubs and other civic organizations, government agencies and organizations that help families and children, clergy, doctors, nurses, and other health providers. Explain the need for an immunization effort to make sure that every child is fully immunized by age two. Ask how they would be willing to help and who would represent them at meetings of an immunization partnership.

CREATING THE PROGRAM

Planning the Components

The program the coalition develops will depend on the size of the community, the level of need for vaccinations, attitudes of families, and the immunization barriers identified by families. There are four possible problems that the partnership may have to address:

Education/Public Awareness—In some cases parents don't know why their children should be immunized. In other cases, the challenge is publicizing when and where immunizations are available and perhaps offering incentives to interest families.

Greater Access to Immunization—Parents don't take their children to be immunized because they don't have transportation, they've moved from one community to another, they have no medical records on the children, or they cannot afford it. The program that is supposed to help families immunize their children may throw up administrative barriers by setting hours that prevent working parents from bringing their children, requiring appointments that must be made weeks in advance, requiring a medical exam, or scheduling appointments that make families wait for hours.

More Immunization Resources—Limited personnel, equipment, space, sites, vaccine, ultimately a lack of funding, may hamper efforts.

Tracking—To make sure that every child is fully immunized by age two, the coalition will need to develop a system to track the children who are born or move into the community. This will require a uniform, shared record system and a contact-with-follow-up procedure for every family with young children.

The coalition will need to identify which problems it is addressing and assign tasks to various coalition members. In the sections below are possible strategies your club can offer to implement.

PUBLICITY AND AWARENESS ACTIVITIES

Working with the Media

Probably the best way to garner heavy publicity for immunization efforts is to ask one newspaper, radio station, and television station to join the coalition or partnership and become official sponsors of the effort.

Print Public Service Ads—First, ask local newspapers to run public service advertisements and op-ed pieces that explain the need for immunizations and outline the recommended schedule. Then, ask them to run public service ads for the immunization event or new clinic hours where vaccinations are available.

News stories—Contact news directors at radio and TV stations or city desk editors at papers and arrange for news stories and interviews on immunizing children. Use the statistics gathered during the needs analysis and have a doctor or nurse explain what immunizations are necessary at each age.

Press Conference—Hold a press conference to announce the results of your needs analysis and recommendations for all parents. Schedule it for mid-morning on a week day when no important events are planned. Use your best speakers (preferably with experience in front of TV cameras) from the partnership as spokespeople. Arrange for public officials or local celebrities to participate.

Plan the agenda carefully so the entire event lasts no more than 20 minutes. Keep introductions short and get to your messages quickly. At the end of the official announcements, leave time for questions. Then, offer individual interviews with your spokespeople.

Send an invitation to your press conference at least a week in advance. Follow up with a phone call.

Radio PSAs—Give radio stations typed scripts for public service announcements that remind parents about the importance of immunizing children. Describe your immunization event or clinic location and hours.

Television PSAs—Ask television stations to air the Kiwanis immunization public service announcements. Details about your local activities can be added to the end of the announcements. Simply borrow a tape from the Kiwanis International Public Relations Department and ask each station to make its own copy, adding local information to the end of the announcement.

Other Ways to Publicize Immunizations

Flyer—Create and print a flyer for posting and distribution that announces where and when vaccinations will be available and the recommended immunization schedule. Place the flyers in government and private agencies that serve families, health clinics, child care centers and homes, churches, grocery stores, pharmacies, schools, toy stores, and any other place families might see it.

Billboards—Use the *All Their Shots While They're Tots* billboard developed by the Kiwanis International Public Relations Department. The billboard comes in two sizes (a smaller in-the-city size and the standard size) and can be ordered from DeWitt Advertising for $20 and $35. An order form is in the back of this bulletin.

AAP Videotape—The American Academy of Pediatrics has developed a 14–minute video titled *Before It's Too Late, Vaccinate* that tells parents about the importance of vaccinating their children. It can be shown at health clinics, government offices that serve families, immunization events, and any other gathering of parents. Available in English and Spanish, the video can be purchased by contacting: AAP Division of Public Education, 141 Northwest Point Blvd., Elk Grove Village, IL 60007; (800) 433-9016, ext. 6757.

Baby Bottles—The Kiwanis Club of Nacogdoches, Texas, gives a baby bottle to new parents that has printed on its side an immunization message. A club could have the immunization schedule, clinic phone number, or address put on baby bottles, too.

Businesses—Ask employers to urge their employees to immunize their children and announce the immunization event. If the company holds employee meetings, ask to have a representative speak at one.

Houses of Worship—Ask clergy to announce the availability of immunizations or organize a phone program to all members of the congregation who have small children.

Direct Contacts—Send letters to the parents of every child who has received a birth certificate, been born in a hospital, or been christened in the past three to four years.

Children who fall behind in their booster shots are most likely to do so at 15 to 18 months.

Providing Incentives

Entertainment—Arrange to have entertainment at the event. This could be a music or puppet group, story teller, clown, magician, or theater troupe.

Celebrity—Feature the star of a local sports team, a radio or television personality, or a famous mascot or spokesperson (Ronald McDonald, Bugs Bunny, or Jeffrey the Giraffe, for example).

Location—Hold the immunization event at a site that will draw children, such as a fast food restaurant, playground, toy store, or movie theater.

Existing Event—If there's an event that draws families every year, arrange to make the immunization effort part of the larger event.

Give-Aways—Solicit donations from businesses and coupons for free food from fast-food restaurants. Then, publicize and offer prizes at your immunization event. Or, guarantee a prize for the child or the family when the entire immunization schedule is completed.

PROVIDING ACCESS

Transportation

If transportation to a health clinic is the major barrier to immunization, Kiwanis clubs can provide service directly or serve as the catalyst for creation of a transportation system to serve the needs of the community.

Rides by Appointment—If appointment-by-phone or transportation-request systems exist, a club could commit to providing a volunteer once a week to transport families to and from immunization appointments. Or, an on-request program could be implemented so that requests would be referred to the club. The volunteer driver would then work directly with the family to make arrangements.

Regular Routes—In a larger area, it might be necessary to schedule a regular rotation of routes. For instance, the first Thursday of a month, a driver would pick up families in the northern part of the county. The second Thursday would serve the west, and so forth.

Special City Bus—If a greater need for transportation to a health clinic can be documented, it may be possible to persuade a city to set up a special bus route one Saturday a month or one night each week to cover the area served by the clinic.

Purchasing a Van—Some Kiwanis clubs have purchased a van for use by health facilities that need to provide transportation on daily basis.

Client-Oriented Service

Phones—Volunteers can answer phones, make appointments, and call families to remind them that it's time to come in or make an appointment for the next immunization.

Post Cards—Several club members could put together a post-card mailing once every few weeks to remind families that it's time for another check-up and immunization.

Extra Hours—If a clinic needs to open additional hours in the evening or on a weekend, volunteers can help with registration, paperwork, and other supportive tasks.

Immunization Event

Improving services and tracking may be the long-term solutions to increasing the level of immunization among young children, but the community can "catch up" with children who are not immunized currently by holding a large-scale event. The purpose of an event is to draw hundreds, or even thousands, of families to a special site for a one-day immunization program. This will get children onto an immunization track, and families can be instructed about where to go for future vaccinations.

Donations of Materials—Collecting in-kind donations will be the first challenge. Chances are that the health department and clinics will not have all the medical supplies (or a budget to purchase them) for a large-scale event. Target a specific number of children to immunize. Then, solicit supplies from hospitals, pharmacies, and medical supply companies.

Paper, printing, and incentive gifts also may be solicited. Kiwanis contacts should prove helpful for arranging these donations.

Facility—The location for the event should be easy to reach, have enough space to handle the expected crowd (entertainment/waiting area, processing area, immunization area), rest rooms, facilities to prepare vaccines, and phone lines. It may be wisest to hold the event at an existing health clinic and use additional space in the building or block off the street to accommodate the expected crowd.

Events have been held in shopping malls, fair grounds, and parks. The team that chooses the site, draws up the floor plans, and makes the equipment list should include medical personnel (for knowledge of vaccine holding, preparation, and immunizations), records-keepers (to plan the paperwork processing system for the event), and the people who will oversee the greeting, waiting, and entertainment areas.

Renting and Borrowing—The necessary material will depend on the size, location, and style of the event. Tables, chairs, ropes and stanchions, and pipe and drape will probably be needed. Extension cords, lights, a small refrigerator, sink, tent, and portable rest rooms may needed for outdoor locations. A sound system and small stage may be helpful. This equipment should be lent to the event, and that will require a committee of solicitors contacting businesses throughout the community. Make sure every contributor is listed on the flyers handed out at the event, press releases, and a large sign at the registration area.

The day before the event, teams of volunteers should collect the items, bring them to the site, and set them up. Then, immediately after the event, the same teams will take everything apart and haul it away.

Staffing the Event— Since medical personnel should handle only the medical concerns during the event, several groups will be necessary:

1. Sign hangers to put up signs and posters that direct people to the correct street or parking area.
2. Greeters at street corners or parking areas to direct families to the immunization site.

3. Records keepers to register each family as it arrives (and behind-the-scenes records keepers to integrate this information into the health department system).
4. Waiting area attendants to help families find seats, provide children with games, puzzles, or other entertainment, give parents information on immunizations, and answer any questions.
5. Escorts to help families move to the immunization area.
6. Assistants for the doctors and nurses.
7. Departure clerks to thank the family for coming, present any coupons or prizes, explain how to get future immunizations (and perhaps qualify for some other incentive gift), and ask how future immunization events could be improved.

Follow-up

After the immunization event, members of the partnership or coalition should meet to evaluate the event and note improvements for future efforts. They also will need to make plans to publicly thank donors and workers in letters, newspaper ads, and club meetings. The partnership may want to hold an awards dinner to thank supporters of the effort.

The immunization event also may set the stage for a discussion of how to institutionalize the immunization process. It will give the health system a large group of families that it will need to continue working with to make sure children are fully immunized. Volunteers can help with the development and mailing of letters of congratulations or thanks to the children and their families. They can prepare reminder notices to be sent to families when the next vaccination is due.

These mailings also provide an opportunity to survey the families, learn what other health needs exist, and link them to services that can help.

ADDITIONAL RESOURCES

The coalition may conclude that the health system requires more resources in order to provide additional immunizations and accomplish its other objectives. The challenge will then be to develop those resources.

Advocacy

The best long-term solution will be to change the regulations or funding formula for the health system in the community to ensure that immunizations and other primary health care are higher priorities. To bring about this kind of basic change, the coalition will need to educate the public and its elected leaders — and to keep the problem in the public mind until changes are made.

Measles is the most serious of the common childhood diseases. In 1990, the U.S. had 26,527 cases of measles, and it caused 91 deaths.

The public awareness campaign can use many of the strategies described above, including press conferences, public service announcements, and flyers. The messages to convey are the lack of resources (supported by statistics) and ways the problem can be solved. Since the campaign will run over several months, the coalition may want to divide the messages and focus on the problem at the beginning, later shifting to addressing solutions. This provides additional opportunities for publicity-garnering announcements.

Also, the coalition can schedule community meetings, where everyone in the community is invited to come and learn more. Representatives of the coalition can offer to speak to other organizations in the community, from the chamber of commerce to church groups.

Personal meetings or closed briefing sessions for public officials at the beginning of the campaign will provide elected leaders an opportunity to prepare their responses.

Fund Raising

If a one-time fund-raising effort will provide the funds for needed medical materials, the partner organizations can work together on it. The more people working on fund-raising, the greater the potential. The specific fund-raising activity needs to be one that the entire coalition can support enthusiastically.

Collection Efforts—Placing coin cannisters in businesses (and later collecting them) or posting solicitors (perhaps with peanuts or happy face pins) at front doors or street corners can raise an impressive amount of money in one day. However, the amount raised is directly related to the number of people involved.

High-Ticket Events—Some organizations raise funds with upscale events (dances, dinners, auctions) where a single ticket may be $50, $100, or even more. The two challenges are to have contacts to sell to the likely supporters of such an event and to solicit successfully the in-kind donations that keep expenses low.

Low-Ticket Events—A sports event, chili cook–off, or concert can be an effective fund-raiser if the coalition can pre-sell enough tickets and publicize the event so heavily that the general public responds with interest.

In-Kind Donations

If the needs identified are more office space and equipment, or more sites, members of the coalition can organize teams to solicit assistance from companies. A company that plans to upgrade the level of its personal computers or remodel its office may be persuaded to make a charitable contribution of its old equipment.

> *A majority of children who lacked adequate immunization visited a health care provider in the past year but did not receive any or all of the necessary vaccinations.*

A company operating in a neighborhood targeted for a clinic site might be willing to set aside some space for a clinic. Or, if there are several unrented store fronts on one block available from the same real estate company, it may be willing to offer a site rent-free for a year, in the hopes of drawing paying clients once the block looks busier.

Success in soliciting these donations would probably lead to a need for additional donations of building supplies, wiring, electrical outlets, and light fixtures. And, of course, volunteers would be needed to remodel the future clinic site.

Volunteers

If the coalition is broad-based, there will be several sources of volunteers for whatever needs are identified: mailings, phone support, records entry, appointments secretary, publicity coordinator, filing, cleaning and painting, outreach efforts (door-to-door surveys, home visitation programs), computer instruction, financial analysis, or management advice.

As a volunteer system develops, it will be important to involve an increasing number of volunteers from the community being served. This will give the neighborhood a sense of ownership in the clinic, and it will increase the effectiveness of outreach efforts. It is also important to remember that volunteers burn out or fade away, so a system for regular recruitment and training must be in place.

Tracking

Tracking is probably the greatest challenge to developing an ongoing system that ensures all two-year-olds are fully immunized. In the United States, a number of health departments on the state and county levels are now trying to develop tracking systems that use available computer and information resources. Members of the partnership may be able to help in such an effort.

In Lynchburg, Virginia, the Kiwanis club has worked on a tracking system with the county health department for several years. The club developed a program it calls "Baby Saver" with a computer program for tracking immunizations, a manual on its use, and publicity materials. It is now selling this kit for $2,500.

Educational Materials

Free Video**—**The Kiwanis International Public Relations Department has a short program on immunizations that it has edited to play four times on a single tape. The tape lasts approximately an hour, making it easier for a health clinic to use in a waiting room. Request copies of the tape from the Public Relations Department.

Video**—**The American Academy of Pediatrics is distributing a videotape titled "Before It's Too Late, Vaccinate." Aimed at parents, this 14-minute video describes the potentially deadly problem facing American children — lack of protection from basic childhood diseases. Available in English and Spanish. Cost undecided.

Contact:
AAP Division of Public Education
141 Northwest Point Blvd.
Elk Grove Village, IL 60007
Phone: 800/433-9016, est. 6757

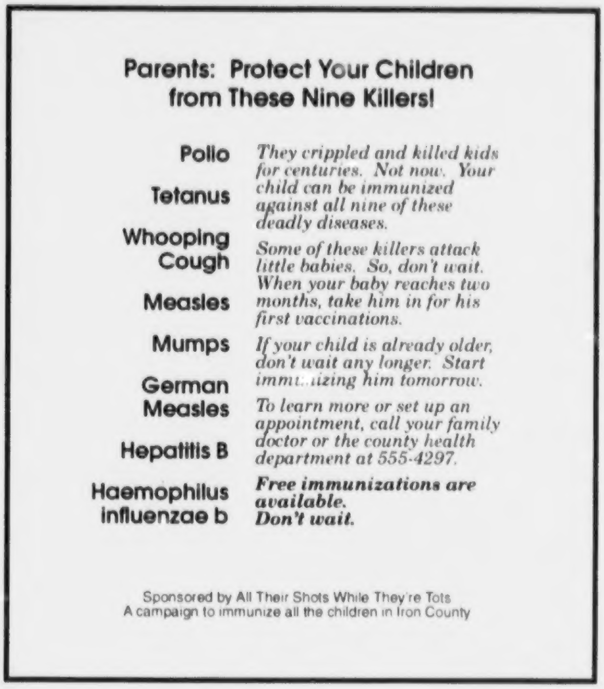
Video**—**"A Shot at the Future" is a 30-minute tape that tells the story of a measles epidemic in Philadelphia and the coalition that formed to solve the problems that led to the measles outbreak. Very helpful to a coalition that is just forming. $5.00 for postage and handling.

Contact:
Healthy Mothers, Healthy Babies
409 12th St., SW
Washington, DC 20024
Phone: 202/863-2490

Brochure**—**The National Immunization Campaign has developed a 4-color brochure titled "10 Questions & Answers About How to Help Protect Your Child From Getting Deadly Diseases." It answers the ten most common questions and provides an immunization schedule and card. Available in English and Spanish. Price varies by quantity ordered.

Contact:
Right Choice, Inc.
National Immunization Campaign
P.O. Box 1960
Maple Grove, MN 55369-0058
Phone : (202) 338-7227

Public Awareness Campaign flyer



Parents: Protect Your Children from These Nine Killers!

Polio
Tetanus
Whooping Cough
Measles
Mumps
German Measles
Hepatitis B
Haemophilus influenzae b

They crippled and killed kids for centuries. Not now. Your child can be immunized against all nine of these deadly diseases.

Some of these killers attack little babies. So, don't wait. When your baby reaches two months, take him in for his first vaccinations.

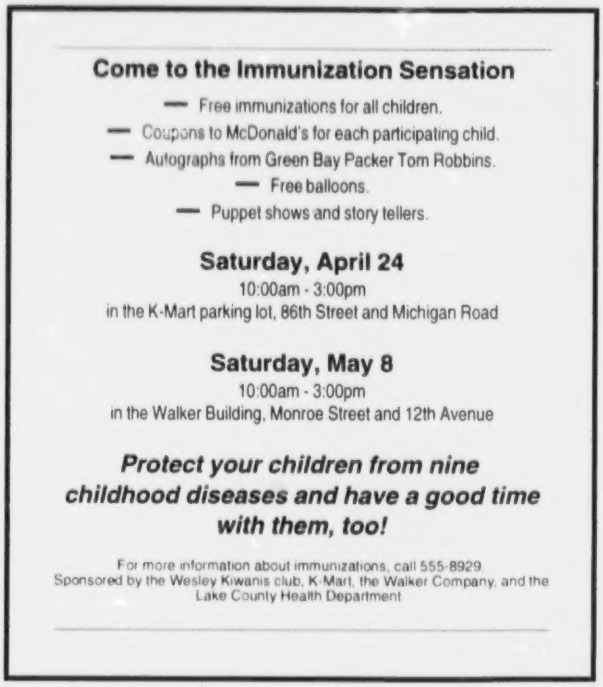
If your child is already older, don't wait any longer. Start immunizing him tomorrow.

To learn more or set up an appointment, call your family doctor or the county health department at 555-4297.

Free immunizations are available. Don't wait.

Sponsored by All Their Shots While They're Tots
A campaign to immunize all the children in Iron County

Sample Poster



Come to the Immunization Sensation

— Free immunizations for all children.
— Coupons to McDonald's for each participating child.
— Autographs from Green Bay Packer Tom Robbins.
— Free balloons.
— Puppet shows and story tellers.

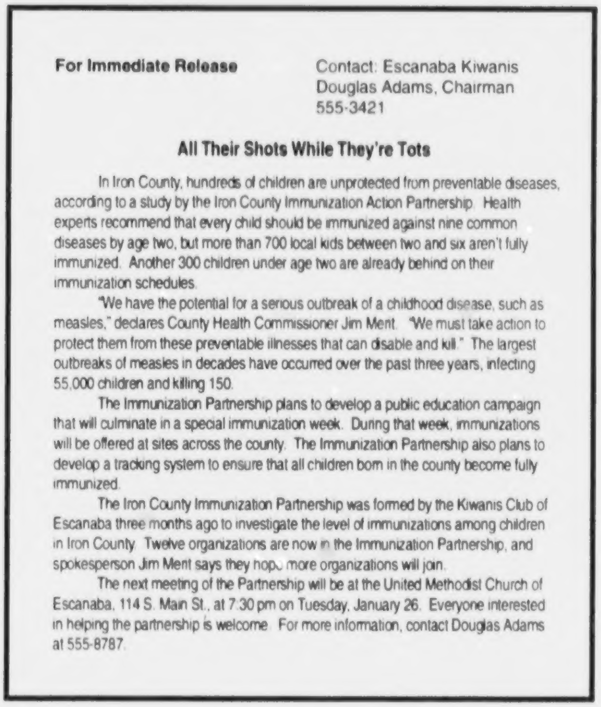
Saturday, April 24
10:00am - 3:00pm
in the K-Mart parking lot, 86th Street and Michigan Road

Saturday, May 8
10:00am - 3:00pm
in the Walker Building, Monroe Street and 12th Avenue

Protect your children from nine childhood diseases and have a good time with them, too!

For more information about immunizations, call 555-8929.
Sponsored by the Wesley Kiwanis club, K-Mart, the Walker Company, and the Lake County Health Department.

Sample Press Release



For Immediate Release

Contact: Escanaba Kiwanis
Douglas Adams, Chairman
555-3421

All Their Shots While They're Tots

In Iron County, hundreds of children are unprotected from preventable diseases, according to a study by the Iron County Immunization Action Partnership. Health experts recommend that every child should be immunized against nine common diseases by age two, but more than 700 local kids between two and six aren't fully immunized. Another 300 children under age two are already behind on their immunization schedules.

"We have the potential for a serious outbreak of a childhood disease, such as measles," declares County Health Commissioner Jim Ment. "We must take action to protect them from these preventable illnesses that can disable and kill." The largest outbreaks of measles in decades have occurred over the past three years, infecting 55,000 children and killing 150.

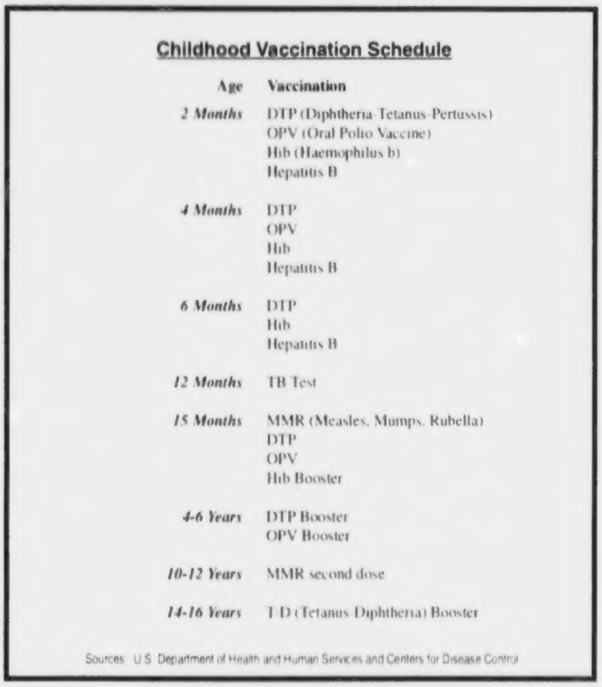
The Immunization Partnership plans to develop a public education campaign that will culminate in a special immunization week. During that week, immunizations will be offered at sites across the county. The Immunization Partnership also plans to develop a tracking system to ensure that all children born in the county become fully immunized.

The Iron County Immunization Partnership was formed by the Kiwanis Club of Escanaba three months ago to investigate the level of immunizations among children in Iron County. Twelve organizations are now in the Immunization Partnership, and spokesperson Jim Ment says they hope more organizations will join.

The next meeting of the Partnership will be at the United Methodist Church of Escanaba, 114 S. Main St., at 7:30 pm on Tuesday, January 26. Everyone interested in helping the partnership is welcome. For more information, contact Douglas Adams at 555-8787.

BEST COPY AVAILABLE

Sample Immunization Schedule

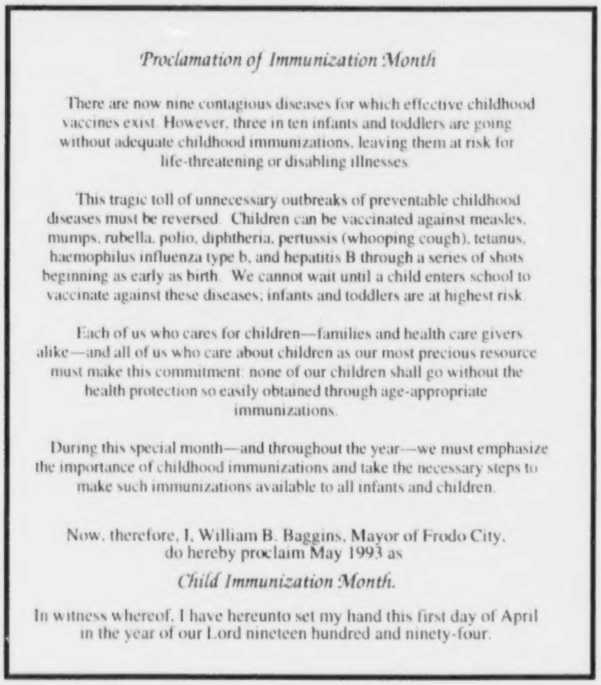


Childhood Vaccination Schedule

Age	Vaccination
2 Months	DTP (Diphtheria-Tetanus-Pertussis) OPV (Oral Polio Vaccine) Hib (Haemophilus b) Hepatitis B
4 Months	DTP OPV Hib Hepatitis B
6 Months	DTP Hib Hepatitis B
12 Months	TB Test
15 Months	MMR (Measles, Mumps, Rubella) DTP OPV Hib Booster
4-6 Years	DTP Booster OPV Booster
10-12 Years	MMR second dose
14-16 Years	T-D (Tetanus Diphtheria) Booster

Sources: U.S. Department of Health and Human Services and Centers for Disease Control

Sample Proclamation



Proclamation of Immunization Month

There are now nine contagious diseases for which effective childhood vaccines exist. However, three in ten infants and toddlers are going without adequate childhood immunizations, leaving them at risk for life-threatening or disabling illnesses.

This tragic toll of unnecessary outbreaks of preventable childhood diseases must be reversed. Children can be vaccinated against measles, mumps, rubella, polio, diphtheria, pertussis (whooping cough), tetanus, haemophilus influenza type b, and hepatitis B through a series of shots beginning as early as birth. We cannot wait until a child enters school to vaccinate against these diseases; infants and toddlers are at highest risk.

Each of us who cares for children—families and health care givers alike—and all of us who care about children as our most precious resource must make this commitment: none of our children shall go without the health protection so easily obtained through age-appropriate immunizations.

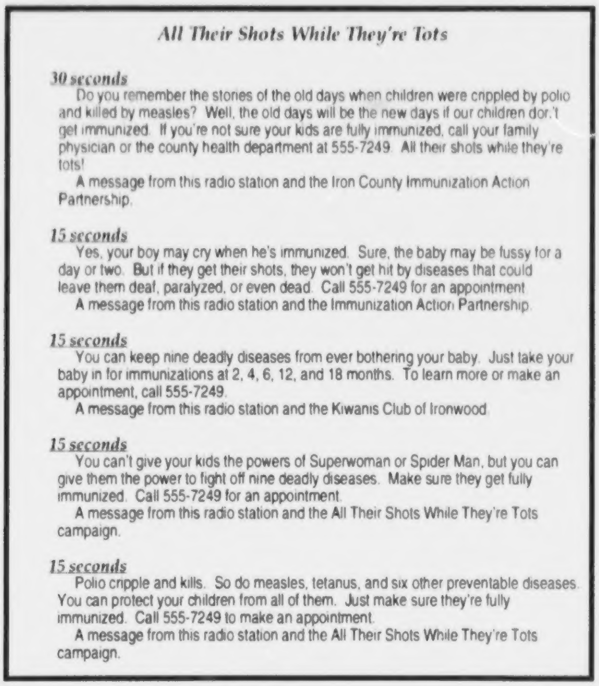
During this special month—and throughout the year—we must emphasize the importance of childhood immunizations and take the necessary steps to make such immunizations available to all infants and children.

Now, therefore, I, William B. Baggins, Mayor of Frodo City,
do hereby proclaim May 1993 as

Child Immunization Month.

In witness whereof, I have hereunto set my hand this first day of April in the year of our Lord nineteen hundred and ninety-four.

Sample Radio Public Service Announcements



All Their Shots While They're Tots

30 seconds

Do you remember the stories of the old days when children were crippled by polio and killed by measles? Well, the old days will be the new days if our children don't get immunized. If you're not sure your kids are fully immunized, call your family physician or the county health department at 555-7249. All their shots while they're tots!

A message from this radio station and the Iron County Immunization Action Partnership.

15 seconds

Yes, your boy may cry when he's immunized. Sure, the baby may be fussy for a day or two. But if they get their shots, they won't get hit by diseases that could leave them deaf, paralyzed, or even dead. Call 555-7249 for an appointment.

A message from this radio station and the Immunization Action Partnership.

15 seconds

You can keep nine deadly diseases from ever bothering your baby. Just take your baby in for immunizations at 2, 4, 6, 12, and 18 months. To learn more or make an appointment, call 555-7249.

A message from this radio station and the Kiwanis Club of Ironwood.

15 seconds

You can't give your kids the powers of Superwoman or Spider Man, but you can give them the power to fight off nine deadly diseases. Make sure they get fully immunized. Call 555-7249 for an appointment.

A message from this radio station and the All Their Shots While They're Tots campaign.

15 seconds

Polio cripple and kills. So do measles, tetanus, and six other preventable diseases. You can protect your children from all of them. Just make sure they're fully immunized. Call 555-7249 to make an appointment.

A message from this radio station and the All Their Shots While They're Tots campaign.

Use this material to create a fact sheet that can be distributed to parents

Immunization Fact Sheet

Immunizations

Immunizing children protects them from diseases that can kill or permanently disable (physically or mentally). Every year 3.2 million children survive because they have been immunized. Another 2 million die because they were not immunized. Giving more than one vaccine at the same time will not increase reactions to the immunizations.

Diphtheria

- Easily spread through coughing or sneezing
- Early symptoms are a sore throat, slight fever, and chills.
- Can interfere with swallowing and cause suffocation.
- Can cause heart failure or paralysis if allowed to go untreated.
- Can be prevented with the DTP (Diphtheria, Tetanus, Pertussis) vaccine.

Tetanus (Lockjaw)

- Enters the body through a wound.
- Produces a poison which attacks the body's nervous system.
- Symptoms are headache, irritability, and stiffness in the jaw and neck.
- Eventually causes muscle spasms in the jaw, neck, arms, legs, and abdomen.
- May require intensive hospital care.
- In the U.S., three of every 10 people who get tetanus die from it.
- It is preventable through the use of DTP vaccine.

Pertussis (Whooping Cough)

- Highly contagious.
- Causes severe spells of coughing which can interfere with eating, drinking, and breathing.
- Complications may include pneumonia, convulsions, or encephalitis (inflammation of the brain).
- In the U.S., about 65% of reported cases occur in children under age five.
- In recent years, an average of 3,500 cases have been reported in the U.S.
- It is preventable through the use of DTP vaccine.

Polio

- Serious cases cause paralysis or death.
- Mild cases cause fever, sore throat, nausea, headaches, and stomach aches. Pain and stiffness in the neck, back, and legs also occur.
- Can be prevented by immunization with OPV (oral polio vaccine), a weakened strain of live polio virus that's drunk in a liquid.

Measles

- Highly contagious.
- Causes a rash, high fever, cough, runny nose, and watery eyes, lasting for one or two weeks.
- Causes ear infections and pneumonia in one out of every 20 children who get it.
- Causes encephalitis (inflammation of the brain) in one out of every 1,000 who get it. This can cause convulsions, deafness, or mental retardation.
- Of every 1,000 children who get measles, one or two will die.
- A person not immunized with MMR (Measles, Mumps, Rubella) vaccine will most likely contract the disease during his/her life.

Mumps

- Causes fever, headache, and inflammation of the salivary glands, resulting in swelling of cheeks or jaw.
- One out of every 10 who get mumps may develop meningitis (inflammation of the coverings of the brain and spinal cord). Sometimes causes encephalitis.
- Can result in permanent hearing loss.
- MMR vaccine prevents this disease.

Rubella (German Measles)

- Most serious in pregnant women; with an infection early in pregnancy, there is an 80% chance it will cause birth defects in the unborn child.
- Symptoms include mild discomfort, slight fever for 24 hours, and a rash on the face and neck, lasting for two or three days.
- MMR vaccine prevents this disease.

Haemophilus influenzae type b (Hib Disease)

- Strikes one child out of 200 before age five and few after age five.
- More serious in infants under one year of age.
- Causes pneumonia and infections of the blood, joints, bones, soft tissues, throat, and the covering of the heart.
- Causes meningitis in about 12,000 children per year; about one in four suffers permanent brain damage, and about one in 20 dies.
- Hib vaccine prevents this disease.

Hepatitis B Virus

- Infants born to HBV-infected mothers have up to an 85% chance of getting the infection.
- HBV infection is spread within families and communities.
- Infection at birth or during early childhood can result in long-term chronic illness.
- Chronically infected person can develop chronic liver disease and a rare form of cancer.
- HBV vaccine prevents this disease.

Sources: U.S. Department of Health and Human Services and Centers for Disease Control

BEST COPY AVAILABLE

Child Immunization Record Card for Parents

Adapt this card to local needs. Make sure the immunization schedule is the one followed by your county health department. Put the name of your club or coalition on the card. Then, print the card on heavy stock and distribute to families.

Please note that two alternate back samples are provided. Sample A lists immunizations by type; Sample B lists immunizations by date. Choose either sample to use on the back of your club's immunization record card.

Card Front

Immunization Record Card

Name ____________________ **Birth Date** __________

Use this card to keep track of your child's vaccinations. On each line, there is a recommended time for each vaccine. Write the date of each vaccination next to the recommended age. If you fall behind, DON'T STOP. Keep taking in your child until all lines are filled — and immunizations are complete.

List any allergies or reactions to vaccines here:

Card Back — Sample A

Record month/day/year for each vaccine.

DTP
2 mo. __________
4 mo. __________
6 mo. __________
15 mo. __________
4 yr. __________

Polio
2 mo. __________
4 mo. __________
6 mo. __________
15 mo. __________
4 yr. __________

Hib (type ________)
2 mo. __________
4 mo. __________
6 mo. __________
15 mo. __________

Hepatitis B
2 mo. __________
4 mo. __________
6 mo. __________

TB Test
12 mo. __________

MMR
15 mo. __________
10 yr. __________

Td
14 yr. __________

Others
____
____
____
____
____

Card Back — Sample B

Record the Dates of Your Child's Immunizations

2 Months
D-T-P __________
Polio __________
Hib __________
Hep. B __________

4 Months
D-T-P __________
Polio __________
Hib __________
Hep. B __________

6 Months
D-T-P __________
Hib __________
Hep. B __________

12 Months
TB Test __________

15 Months
M-M-R __________
D-T-P __________
Polio __________
Hib Booster __________

4-6 Years
D-T-P Boost. ______
Polio Boost. ______

10-12 Years
M-M-R __________

14-16 Years
D-T Booster ______

Other
____
____

D=Diphtheria
Hib= Haemophilus B
Hep. B=Hepatitis B
M=Measles
M=Mumps
P=Pertussis
R=Rubella
T=Tetanus
TB=Tuberculosis

Order Forms for Video PSAs and Billboards

To receive video PSAs or "All Their Shots While They're Tots" billboards, clip and mail the appropriate order form. Addresses are provided on each form.

Immunization PSAs

ORDER FORM

To receive video public service announcements on immunizations, mail this request to: Public Relations Department, Kiwanis International, 3636 Woodview Trace, Indianapolis, IN 46268-3196, USA.

Name ____________________

Phone ____________________

Address ____________________

____

Kiwanis Club of: ____________________

☐ Yes, my club wants to borrow a master videotape to have local stations make copies of the Kiwanis immunization PSAs. We will approach the following stations (identified by station call letters): ____________________

Immunization Billboards

ORDER FORM

To receive "All Their Shots While They're Tots" billboards, mail this request, *along with a check*, to: DeWitt Advertising, Inc., 1060 W. Busch Boulevard, Suite 102, Tampa, FL 33612, USA. Indicate the quantity of billboards ordered in the blanks provided.

Name ____________________

Phone ____________________

Address ____________________

____

☐ My Kiwanis club would like to receive ______5' x 11' (8-sheet size) immunization billboards at a cost of $20 each.

☐ My Kiwanis club would like to receive ______9'7" x 21'7" (30-sheet size) immunization billboards at a cost of $35 each.

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
USA

(317) 875-8755 Worldwide
(800) 879-4769 North America
(317) 879-0204 Fax

156

A SERVICE PROJECT FOR
YOUNG CHILDREN: PRIORITY ONE

Alcohol Awareness for Pregnant Women

The Need

Drinking alcohol during pregnancy is gambling with a child's life. A few drinks daily can lead to decreased birthweight and size, growth abnormalities, and behavior problems. As the average daily consumption of alcohol increases, even more serious problems can threaten the unborn child: stillbirth, joint and organ malformations, and mental retardation.

This is a serious problem today because one in six women in peak childbearing years (18 to 34) may drink enough to hurt their unborn babies, according to the National Council on Alcoholism and Drug Dependence. Consumption rates continue to increase.

A marketing study described in Advertising Age magazine predicts that women's expenditures on alcohol will increase to $30 billion by 1994 — a 50 percent increase in ten years.

As much as 90 percent of the public know that drinking alcohol during pregnancy can hurt unborn children, according to a study in the American Journal of Public Health. However, the understanding of the problem is very vague. A third of the women interviewed believed that a pregnant woman could safely consume three drinks a day. Another study showed that only 55 percent of women ages 18 to 34 had heard of fetal alcohol syndrome.

Understanding the Terms

"Fetal alcohol syndrome" (FAS) describes the most extreme effects of alcohol consumption on a newborn. One pregnant woman in three who daily drinks three ounces of alcohol (six mixed drinks or six beers) gives birth to a child with the full range of FAS effects. Some researchers have found an association between binge drinking (five or more drinks on any one occasion) and FAS.

An FAS child is born at low birth weight, reduced length, an abnormally small head and brain, central nervous system damage, and possible malformations of organs and physical features.

"Fetal alcohol effects" (FAE) describes the damage to children caused by lower levels of drinking during pregnancy. Children with fetal alcohol effects have some but not all of the problems listed above, in a milder form.

Women who drink heavily throughout pregnancy may have children with no signs of fetal alcohol syndrome. Others who drink at low to moderate levels will have babies with alcohol-related damage. For this reason, the safest advice is not to drink alcohol during pregnancy.

Studies in France, Sweden, and the United States indicate that one child in 1,000 will be born with FAS. Other studies put the rate at 1 to 2 per 1,000 for the general population and higher for certain groups. In 1993, the Centers for Disease Control estimated that, in the United States, 5,000 children with FAS and 8,000 to 16,000 with FAE are born each year.

Because many of the effects of alcohol damage may not be apparent at birth (mental retardation, behavior problems, poor coordination), some experts believe that fetal alcohol effects are underdiagnosed.

The Challenge

Warnings about not drinking during pregnancy date back as far as Aristotle and the Bible:

> *Behold now, you are barren and have borne no children, but you shall conceive and give birth to a son. Now therefore, be careful not to drink wine or strong drink, nor eat any unclean thing.*
>
> *— The Bible, Judges 13:2-3*

Organizations like the March of Dimes are issuing an updated version of this message today. Unfortunately, not all the women who need to hear it have. And women react differently to this message. Some women are casual social drinkers, and learning about the relationship between drinking alcohol, FAS, and FAE will be enough to stop them from drinking during pregnancy.

Others are habitual drinkers or alcohol-dependent. Some will want to stop but have a hard time doing so. Others won't want to stop.

The challenge for Kiwanis clubs is three-fold: to ensure that community efforts to combat fetal damage due to alcohol are well coordinated, to build general awareness, and to provide support to women who want to stop drinking.

Coordinating Efforts

The first step in an alcohol awareness campaign is a meeting with the agencies that are already involved—or would like to get involved—with this issue. This may include the health department, social service providers, organizations that address alcoholism and alcohol problems, members of the medical community (pediatricians, obstetricians, nurses, hospitals, health educators, psychologists, counselors), mental retardation support programs, support programs, Alcoholics Anonymous, rehabilitation centers, the nearest March of Dimes chapter, parents of FAS children, school counselors, and owners of local bars and liquor stores.

The first step for this group may be to study the frequency of FAS and FAE among infants and other age groups in the community. This will indicate the severity of the problem and establish a basis for evaluating the impact of education and intervention efforts. This study should result in a sustained effort to identify newborns with possible FAS/FAE.

With this new information the group should be able to define the target audience of the awareness campaign—the women who are drinking during pregnancy. The group may also want to explore the potential for setting up a screening program to identify pregnant women with alcohol problems who should be encouraged to seek help to stop drinking.

Building Public Awareness

Events and Gimmicks

Pregnant Women Pour—Organize an event at which women who have just learned they are pregnant (or who are going to start trying to be pregnant) pour away the remains of any liquor they have at home. Stage the event at the hospital where they will deliver their children. Have a representative from a supermarket or dairy present each woman with a quart of milk. Invite newspapers, radio stations, and television reporters to cover the event. Take pictures so that you can submit them with your press release.

Free Milk for Pregnant Women—Encourage local bars and restaurants that serve alcohol to offer free milk (or fruit juice) to women who are pregnant. Create a poster or table card for bars to use in educating their clientele. Put out a flyer that lists the participating establishments. Communicate the message that they are proud to help pregnant women have healthy babies.

Companies Care Program—Arrange for local experts to talk at employee meetings of companies about the importance of avoiding alcohol during pregnancy. Use representatives from the public health department, March of Dimes, and family and child services departments.

Print

The sample materials in the back of this bulletin and the list of materials available from various organizations provide a range of print, audio, and video materials that your club or coalition can use. Listed below are suggestions on integrating these materials into your campaign.

Pamphlets—Produce or purchase in quantity. Leave at clinics, doctors' offices, high schools, college campuses, the health department, drug stores, and liquor stores. To print enough to really cover the community, offer to give credit on the pamphlet to a printer who will donate the printing.

Public Service Ads (PSAs)—Take prepared ads to local newspapers and ask them to print them as a public service. Better yet, ask the companies that are major advertisers in the paper to take your PSA in for you.

Press Releases—Send out press releases to every news source in the community to tell what your needs survey discovered—and include information on FAS and FAE.

Op-Ed Pieces—Opposite the editorial page is a page where opinion pieces are printed. Have one of the medical experts in your coalition write an op-ed piece and hand deliver it to the person in charge of the editorial and opinion pages. Explain who wrote the piece and that you personally brought it in to explain your campaign.

Posters—Sponsor a local poster contest (or get the local newspaper or printer to sponsor the contest) for the best poster on not drinking while pregnant. Put up the winning posters at clinics, doctors' offices, and every place liquor is sold.

Radio

Public Service Announcements (PSAs)—Write short announcements that explain the reason why pregnant women shouldn't drink. Design them to be read in 10, 15, 20, and 30 seconds. Take copies to local radio stations and ask that they be read. Or, you can purchase taped PSAs and carry these to local stations. Ask that the station commit to playing the tape at specific times.

Interviews—Persuade the most articulate members of the coalition (a doctor, an expert on mental retardation and alcoholism, an adoptive parent of an FAS child) to agree to be interviewed. Then, contact the news departments or talk show hosts about doing a series of interviews to increase awareness of the dangers of drinking while pregnant.

Call-in Shows—Urge a station with a call-in show aimed at women to use one of the medical experts from your coalition or the caregiver of an FAS child as a featured guest.

Video

Donate Videotapes—Purchase educational videos and donate them to clinics (where they can be played in the waiting room), child birth educators, schools, and libraries.

Cable Broadcasts—Urge the local cable television franchise to run a video about fetal alcohol syndrome and fetal alcohol effects on the local access channel.

Public Service Announcements (PSAs)—Visit local stations with a PSA on avoiding alcohol while pregnant. Urge them to dub their own copy from your master and play the PSA regularly.

Interviews—Urge the local news stations' medical reporter or the host of the local video magazine show to interview one of the spokespersons for your coalition.

Services to Pregnant Women

Awareness is not enough. Women need support. Every pregnant woman needs to have prenatal care. Those who are alcohol dependent need support to avoid drinking, and the families of pregnant women who won't face their drinking problem may need assistance to intervene.

Free Prenatal Care—The first step to a healthy pregnancy is to get prenatal care—regular visits to a doctor. Doctors give advice on how to have healthy pregnancies (no alcohol is one piece of advice) and address any health problems that develop. Women who cannot afford this must have access to free prenatal care.

If a free clinic for prenatal care does not exist in the community, the coalition can develop one, using resources contributed by the members. Several doctors will need to volunteer a few hours each week. A hospital or social service agency can contribute materials and space. Record keeping can be done by volunteers, and your Kiwanis club could provide lights, waiting room furniture, and educational materials.

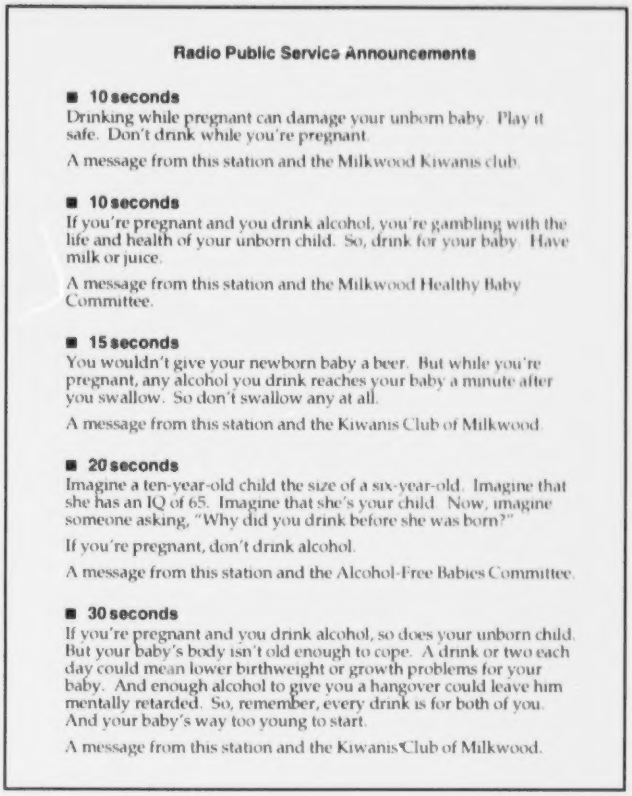
If a free clinic already is in operation, the club may need to publicize its location and hours or offer transportation to it.

Telephone Help Line—A telephone help line for pregnant women can answer all kinds of questions, meanwhile promoting healthy pregnancies. Besides giving advice on proper nutrition and the dangers of alcohol, cigarettes, and drugs, the help line can provide moral support to women who have a difficult time avoiding alcohol. Volunteers will need to be trained to give standard advice, and a counselor (who can help in a crisis) should always be on call. The help line can also connect women to the free clinic or to counseling resources.

Resource Sheet—Create a resource sheet of counseling and therapy programs available to women who need assistance to stop drinking. This listing should include programs that can help a family assist a woman who denies her problem.

Home Visitation Program—Women are most likely to learn from and follow the advice of someone like themselves. That is why the home visitation and resource mother programs are so successful. These programs train volunteers from the neighborhood to visit pregnant women and make sure they're doing the right things to ensure a healthy pregnancy. As trust develops, the home visitor can help the expectant mother negotiate the complexities of the health care system or secure financial assistance. The Cooperative Extension Service has "Mentor Mother" programs in some states, and some public health departments have outreach mothers programs. For more information on these programs, request service bulletin PO #17, "Home Visitation Programs", from the Kiwanis International Office and contact the National Commission to Prevent Infant Mortality for additional materials.

Radio Public Service Announcement



Radio Public Service Announcements

- **10 seconds**

Drinking while pregnant can damage your unborn baby. Play it safe. Don't drink while you're pregnant.

A message from this station and the Milkwood Kiwanis club.

- **10 seconds**

If you're pregnant and you drink alcohol, you're gambling with the life and health of your unborn child. So, drink for your baby. Have milk or juice.

A message from this station and the Milkwood Healthy Baby Committee.

- **15 seconds**

You wouldn't give your newborn baby a beer. But while you're pregnant, any alcohol you drink reaches your baby a minute after you swallow. So don't swallow any at all.

A message from this station and the Kiwanis Club of Milkwood.

- **20 seconds**

Imagine a ten-year-old child the size of a six-year-old. Imagine that she has an IQ of 65. Imagine that she's your child. Now, imagine someone asking, "Why did you drink before she was born?"

If you're pregnant, don't drink alcohol.

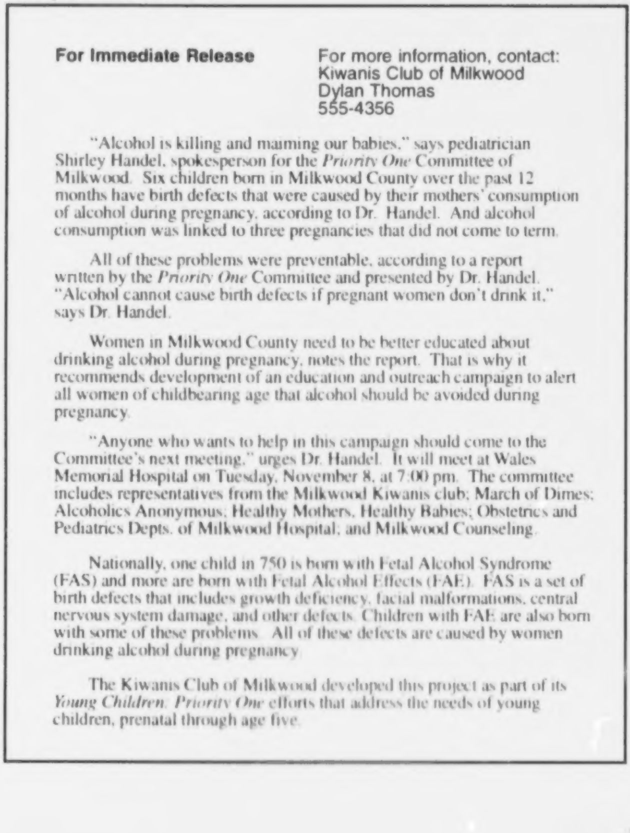
A message from this station and the Alcohol-Free Babies Committee.

- **30 seconds**

If you're pregnant and you drink alcohol, so does your unborn child. But your baby's body isn't old enough to cope. A drink or two each day could mean lower birthweight or growth problems for your baby. And enough alcohol to give you a hangover could leave him mentally retarded. So, remember, every drink is for both of you. And your baby's way too young to start.

A message from this station and the Kiwanis Club of Milkwood.

Sample Press Release



For Immediate Release

For more information, contact:
Kiwanis Club of Milkwood
Dylan Thomas
555-4356

"Alcohol is killing and maiming our babies," says pediatrician Shirley Handel, spokesperson for the *Priority One* Committee of Milkwood. Six children born in Milkwood County over the past 12 months have birth defects that were caused by their mothers' consumption of alcohol during pregnancy, according to Dr. Handel. And alcohol consumption was linked to three pregnancies that did not come to term.

All of these problems were preventable, according to a report written by the *Priority One* Committee and presented by Dr. Handel. "Alcohol cannot cause birth defects if pregnant women don't drink it," says Dr. Handel.

Women in Milkwood County need to be better educated about drinking alcohol during pregnancy, notes the report. That is why it recommends development of an education and outreach campaign to alert all women of childbearing age that alcohol should be avoided during pregnancy.

"Anyone who wants to help in this campaign should come to the Committee's next meeting," urges Dr. Handel. It will meet at Wales Memorial Hospital on Tuesday, November 8, at 7:00 pm. The committee includes representatives from the Milkwood Kiwanis club; March of Dimes; Alcoholics Anonymous; Healthy Mothers, Healthy Babies; Obstetrics and Pediatrics Depts. of Milkwood Hospital; and Milkwood Counseling.

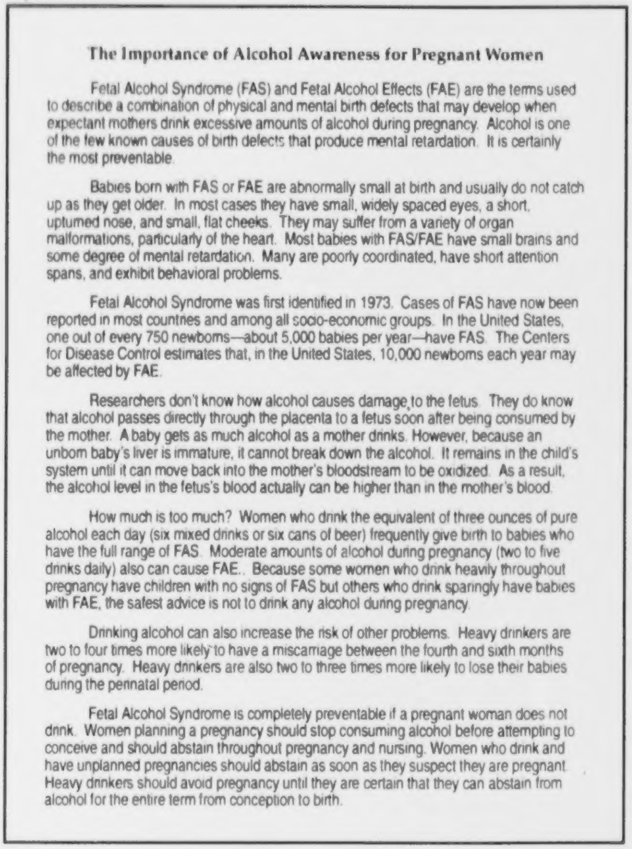
Nationally, one child in 750 is born with Fetal Alcohol Syndrome (FAS) and more are born with Fetal Alcohol Effects (FAE). FAS is a set of birth defects that includes growth deficiency, facial malformations, central nervous system damage, and other defects. Children with FAE are also born with some of these problems. All of these defects are caused by women drinking alcohol during pregnancy.

The Kiwanis Club of Milkwood developed this project as part of its *Young Children: Priority One* efforts that address the needs of young children, prenatal through age five.

Instructions

For each of these samples, retype the text double-spaced and with appropriate margins (2" for the radio scripts; 1" for the others). Make copies of the radio PSA and distribute them to local radio stations. Develop and distribute your own press release using a format similar to the sample. Submit the op-ed piece to your local newspaper editor and ask that it appear as an op-ed piece or letter to the editor.

Op-Ed Piece



The Importance of Alcohol Awareness for Pregnant Women

Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Effects (FAE) are the terms used to describe a combination of physical and mental birth defects that may develop when expectant mothers drink excessive amounts of alcohol during pregnancy. Alcohol is one of the few known causes of birth defects that produce mental retardation. It is certainly the most preventable.

Babies born with FAS or FAE are abnormally small at birth and usually do not catch up as they get older. In most cases they have small, widely spaced eyes, a short, upturned nose, and small, flat cheeks. They may suffer from a variety of organ malformations, particularly of the heart. Most babies with FAS/FAE have small brains and some degree of mental retardation. Many are poorly coordinated, have short attention spans, and exhibit behavioral problems.

Fetal Alcohol Syndrome was first identified in 1973. Cases of FAS have now been reported in most countries and among all socio-economic groups. In the United States, one out of every 750 newborns—about 5,000 babies per year—have FAS. The Centers for Disease Control estimates that, in the United States, 10,000 newborns each year may be affected by FAE.

Researchers don't know how alcohol causes damage to the fetus. They do know that alcohol passes directly through the placenta to a fetus soon after being consumed by the mother. A baby gets as much alcohol as a mother drinks. However, because an unborn baby's liver is immature, it cannot break down the alcohol. It remains in the child's system until it can move back into the mother's bloodstream to be oxidized. As a result, the alcohol level in the fetus's blood actually can be higher than in the mother's blood.

How much is too much? Women who drink the equivalent of three ounces of pure alcohol each day (six mixed drinks or six cans of beer) frequently give birth to babies who have the full range of FAS. Moderate amounts of alcohol during pregnancy (two to five drinks daily) also can cause FAE.. Because some women who drink heavily throughout pregnancy have children with no signs of FAS but others who drink sparingly have babies with FAE, the safest advice is not to drink any alcohol during pregnancy.

Drinking alcohol can also increase the risk of other problems. Heavy drinkers are two to four times more likely to have a miscarriage between the fourth and sixth months of pregnancy. Heavy drinkers are also two to three times more likely to lose their babies during the perinatal period.

Fetal Alcohol Syndrome is completely preventable if a pregnant woman does not drink. Women planning a pregnancy should stop consuming alcohol before attempting to conceive and should abstain throughout pregnancy and nursing. Women who drink and have unplanned pregnancies should abstain as soon as they suspect they are pregnant. Heavy drinkers should avoid pregnancy until they are certain that they can abstain from alcohol for the entire term from conception to birth.

Instructions

The page to the right is a brochure, ready to be printed. To use this master:

1. Remove the staples in the gutter fold.
2. Cut along the gutter fold.
3. Have the brochure printed, double sided, and folded (#10 letter fold) with the panel that reads "Don't Gamble with Your Child's Future" as the cover.

Remember, it doesn't matter if it's beer, wine, or a mixed drink. It's still alcohol, and alcohol hurts — sometimes kills — unborn children. Please don't drink if you're pregnant.

For more information, contact:

National Organization
on Fetal Alcohol Syndrome
1815 H Street NW, Suite 750
Washington, DC 20006
(202) 785-4585

March of Dimes Birth Defects Foundation
1275 Mamaroneck Ave.
White Plains, NY 10605
(914) 428-7100

Distributed by your local Kiwanis club as part of the Kiwanis International service program *Young Children: Priority One.*

Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
(317) 875-8755

Avoid alcohol while you're pregnant!

Don't Gamble with your Child's Future

You Share Your Drinks

If you're pregnant, you share all the alcohol you drink with your unborn baby. And your baby's body isn't old enough to cope.

Just a few drinks a week have caused miscarriages and stillbirths.

Other developing babies cope with one or two drinks on a regular basis. But they may be born underweight, undersize, with behavior problems. These are **Fetal Alcohol Effects**.

And some unborn babies regularly have to face four or five drinks at a time. They may be born with additional problems:

- small heads
- facial malformations
- nervous system problems
- heart, kidney, and joint defects

These problems are called **Fetal Alcohol Syndrome**.

Mental retardation, growth deficiency, poor coordination, and behavior problems will be their legacy as they get older.

Stop Now!

If you even think you might be pregnant, don't drink!

If you have been drinking, please stop! You can still help your baby.

Doctors don't know why the effects of a mother's drinking vary from baby to baby. They do know that the more you drink, the more you're gambling with your baby's life.

Stay Dry with the Baby

As long as you nurse your baby, stay awayfrom drinking. Because the alcohol you drink will end up in your milk.

In countries around the world, among the rich and the poor — anywhere humans consume alcohol — there are children born damaged by alcohol.

Studies in three countries indicate that as many as 1 in 1,000 infants is born with Fetal Alcohol Syndrome. Up to 10 times that number are born with Fetal Alcohol Effects.

In the United States alone, the annual treatment costs for everyone with FAS — infants, children, and adults — was estimated to be more than $1.4 billion in 1980. Estimated productivity losses were another half billion dollars.

The institutional and medical costs for one child with Fetal Alcohol Syndrome are estimated to be $1.4 million over a lifetime.

More shocking than all of these statistics is one encounter with a child who is half the size he should be and has a small head, flattened face, and only one ear. An IQ of 65.

Imagine that boy. Then, remember that he would be normal if his mother had avoided alcohol.

Sources of Information and Support Materials

All addresses are in the United States, and all prices are in US dollars.

■ AIMS Media

9710 DeSoto Avenue
Chatsworth, CA 91311-4409
(800) 367-2467

Video

Alcohol and Pregnancy: FAS and FAE
Interviews with foster parents and their FAS children show their daily struggles, underscoring the life-long physical, behavioral, and central nervous system impact of FAS. 20 minutes. Purchase $295/rental $75.

■ The Association for Retarded Citizens

500 East Border, Suite 300
Arlington, TX 76010
(817) 261-6003
(800) 622-8040

Printed Materials

Preventing Fetal Alcohol Syndrome and other Alcohol-Related Birth Defects
Available in a 60-page teacher's manual ($6.00) and 24-page student manual ($3.80).

Have You Heard . . . About Alcohol and Pregnancy
A 15-page booklet that explain the dangers of drinking during pregnancy and provides a questionnaire to determine the risk of parenting a child with FAS and a checklist of of situations likely to pressure a teenager to drink. $2.

10 Projects for Preventing Fetal Alcohol Syndrome and Other Alcohol-Related Birth Defects
A 21-page kit that offers ideas and reproducible fact sheets, posters, ads, and opinion polls for educating the public about alcohol use during pregnancy. $2.50.

■ California Urban Indian Health Council

3637 Marconi Avenue
Sacramento, CA 95821
(916) 484-4353

Kit

Fetal Alcohol Syndrome Community Education Kit
Contains 17 components, including script, poster, bumper stickers, recipe cards, fact sheets, bookmarks, brochure on approaching women at risk, and resource guides. $98 plus shipping and handling.

■ Coronet/MTI Film & Video

108 Wilmot Road
Deerfield, IL 60015
(800) 621-2131

Video

What's Wrong with My Child?
A report from the ABC television program "20/20" that shows the lifetime of damage fetal alcohol syndrome inflicts on children and young adults. 26 minutes. Purchase $295/rental $75.

A Cry for Help: Drugs, Alcohol, and Pregnancy
Interviews with mothers in treatment for substance abuse are combined with comments by health professionals to explain the effects of FAS and fetal drug syndrome. 26 minutes. Purchase $295/rental $75.

A Cry for Help: The Fetal Drug and Alcohol Crisis
Experts discuss the immediate dangers and long-term developmental problems of children whose mothers abused drugs and alcohol during pregnancy. Includes a detailed discussion guide. 34 minutes. Purchase $295/rental $75.

■ March of Dimes Birth Defects Foundation

Materials and Supply Division
1275 Mamaroneck Ave.
White Plains, NY 10605
(914) 428-7100

Printed Material

Be Good to Your Baby Before It Is Born
Short booklet that guides a woman through her entire pregnancy. 50 for $5.

Making the Right Choices
Pamphlet explaining the effects of drugs, alcohol, and tobacco use during pregnancy. 50 for $4.

3 Words About Drinking While Pregnant: Don't Do It
Pamphlet discusses the effects of drinking alcohol during pregnancy. 50 for $3.

It's the Start of a New Life for You and Your Baby//Es el inicio de una nueva vida, para usted y para su bebé
English/Spanish pamphlet that discusses the effects of drugs, alcohol, and tobacco use during pregnancy while stressing the importance of good prenatal care. 50 copies for $5.

Alcohol Affects Your Baby's Life Forever//El alcohol afecta la vida de su bebé para siempre
English/Spanish pamphlet that discusses the effects of drinking alcohol during pregnancy. 50 copies for $5

Drinking During Pregnancy—Public Health Education Information Sheet
Two-sided sheet explaining the consequences of drinking alcohol during pregnancy. Written in a question-and-answer format, it contains statistics on FAS and FAE. 50 copies for $5.

■ Milner-Fenwick, Inc.

2125 Greenspring Drive
Timonium, MD 21093
(301) 252-1700
(800) 638-8652

Video

Drugs, Smoking and Alcohol During Pregnancy
A 20-minute tape that discusses the confusion many pregnant women share about what may harm their unborn babies and presents the facts about smoking, alcohol, and drug use during pregnancy. $250.

■ National Clearinghouse for Alcohol and Drug Information (NCADI)

11426 Rockville Pike
P.O. Box 2345
Rockville, MD 20852
(301) 468-2600

Pamphlets

My Baby Strong and Healthy//Mi bebé fuerte y sano
This 16-page pamphlet describes the risks of drinking and recommends not drinking during pregnancy. Free. Request PH225

Taking Care of Your Baby Before Birth//El cuidado de su bebé antes del nacimiento
A four-page, easy-to-read brochure that recommends not drinking if pregnant or planning a pregnancy. Free. Request PH239.

Kit

Program Strategies for Preventing Fetal Alcohol Syndrome and Alcohol-Related Birth Defects
78-page manual tells how

to develop a comprehensive community-based program to reduce alcohol-related birth defects. No cost. Request PH236.

■ National Organization on Fetal Alcohol Syndrome (NOFAS)

1815 H Street NW, Suite 750
Washington, DC 20006
(202) 785-4585

Printed Materials

Fetal Alcohol Syndrome Resource Guide
A state-by-state listing of FAS resources. $35

Pamphlets

Educating Children with FAS
Raising a Child with FAS
Diagnosing FAS
Send 29 cents (or first class stamp) for each pamphlet ordered.

Videos

Public Service Announcements
Two PSAs feature Rodney Grant (who played Wind-in-His-Hair in the movie "Dances with Wolves") and Jimmy Smits (former star of the television show "L.A. Law").

Healing the Broken Cord
Highlights of NOFAS's first national conference. $85

■ North Bay Regional Center Prevention Unit

2351 Mendicino Avenue
Santa Rosa, CA 95403
(707) 528-6161

Printed Material

Babies Shouldn't Drink: Recipes for Non-Alcoholic Beverages for Pregnant and Nursing Women Who Care About Their Babies
Five-page booklet offers 10 recipes, behavior modification suggestions, and general information on FAS. Single copies free.

■ Universal Health Associates, Inc.

1701 K Street, NW, Suite 600
Washington, DC 20006
(202) 429-9506

Video

A Pregnant Woman Never Drinks Alone
An eight-minute video that describes key dangers to fetal development when a pregnant woman drinks alcohol. $95.

A Love Story for My Unborn Child/Una historia de amor para mi bebé que va a nacer
A 10-minute video on the risks of alcohol consumption, drug or medication use, and smoking during pregnancy. $95.

■ Virginia Department of Mental Health/ Mental Retardation

P.O. Box 1797
Richmond, VA 23214
(804) 786-3909

Video

I Didn't Mean to Hurt You, Baby
A 16-minute video showing a young, pregnant woman trying to decide whether to give up casual, "social" drinking. Free loan.

■ Wisconsin Clearinghouse for Alcohol & Drug Information

P.O. Box 1468
Madison, WI 53701-1468
(800) 322-1468

Printed Material

Alcohol, Other Drugs, and Pregnancy: Risks for the Fetus
This 66-page resource manual offers a training program on statistics, history, and most recent findings on FAS and effects of other drugs. Also discusses prevention programs and suggests resources. 66 pages. $5.00.

Choices for the Future
Pamphlet describing choices and consequences (including FAS and FAE), aimed at teenagers who are not pregnant. 25 cents.

FAS Kit
A packet containing *Choices for the Future, AODA and Pregnancy*, FAS fact sheet, FAS poster, *Great Expectations*, FAS bibliography, and an Addiction Research Foundation publication. $6.95.

FAS Fact Sheets
Ten complete sets of five different fact sheets addressing the history of FAS, demographics, characteristics, prenatal care & prevention, common questions and answers. $4.00.

Great Expectations
Pamphlet for women who are pregnant or considering pregnancy that explains how drugs can affect both mother and child. 30 cents.

La madre, la criatura, y el alcohol
Brochure in Spanish on Fetal Alcohol Syndrome. Pack of 50 for $5.00.

Preventing Fetal Alcohol Effects: A Practical Guide for Ob/Gyn Physicians and Nurses
Developed by the NIAAA and available for $1.75. Reduced price for bulk orders.

The ABC's of Alcohol Education for Women
A six-page pamphlet that offers tips for women worried about a friend's drinking problem. 30 cents each.

Turning Points: A Preventive Approach to Dealing with Teenagers, Pregnancy, Alcohol, and Other Drugs
A book of practical techniques to reach, educate, and motivate pregnant teens and teen parents. It addresses risks and consequences (as well as common misconceptions) about alcohol, other drugs, and pregnancy. $7.95.

Woman-to-Woman Media Kit
Promote awareness of women's alcohol issues with public service announcements and reproducible print ads. Developed by the Assoc. of Junior Leagues "Woman to Woman Project". Television kit $29.95. Radio kit $14.95.

Additional Resources

For a list of other organizations that offer resources related to FAS or FAE, contact the Program Development Department at the Kiwanis International Office.

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196

(317) 875-8755 Worldwide
(800) 879-4769 North America
(317) 879-0204 Fax

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Preventing Lead Poisoning

The Problem

Childhood lead poisoning is the number one environmental health risk facing children in industrialized countries today. In the United States, more than three million children age six and younger—that's one out of every six children in that age group—has toxic levels of lead in their bodies. Similar proportions of children are affected in other countries, from Germany to Australia, that have used lead in industry and consumer products. Lead poisoning affects families from every socioeconomic level, though the problem tends to be worse in neighborhoods where buildings are not well cared for.

Lead is a powerful neurotoxin that interferes with the development and functioning of almost all body organs, particularly the kidneys, red blood cells, and central nervous system. In young children, lead retards the development of the central nervous system and brain. High levels of lead exposure can result in coma, convulsions, and death.

At low levels, lead can cause reduced IQ, reading and learning disabilities, attention deficit disorder and behavioral problems. As a result, childhood lead poisoning is associated with lower educational achievement, higher rates of high school drop-out and increased behavioral problems. In the long run, children who are lead poisoned may be less likely to become positive contributors to our communities and our economy.

The overwhelming cause of lead poisoning in children is lead-based paint in homes. In the United States, lead was banned in residential paint in 1978. About half of all older homes in the U.S. contain some leaded paint and approximately two to three million homes have lead-based paint that is peeling or flaking, an immediate hazard to children.

Invisible lead dust on household surfaces is just as hazardous to children as paint chips. Most children are lead poisoned today through the ingestion of leaded household dust. This dust can be created by friction — the opening of windows or the rubbing of a tight door. Children are also being poisoned by home renovation projects that generate lead dust. Many home owners are not aware of the hazards of lead removal and unknowingly poison their children.

Preventing Lead Poisoning

Lead poisoning is entirely preventable. All it requires is:

- Awareness of the risk of lead poisoning and particularly the danger in home renovations.
- Identification of children who are at risk or who are already poisoned.
- Removal and reduction of the lead hazards in homes, child care centers, and schools.

Kiwanis clubs can help eliminate lead poisoning by working in any of these areas.

Clubs may be able to coordinate their activities with the local health department. In areas where lead poisoning is not yet identified as a priority, clubs can spearhead a coalition with local pediatricians, children's hospitals, contracting firms, home builders, and schools.

Raising Awareness

The first challenge of an awareness campaign is to alert the community to the problem: childhood lead poisoning is a threat to all children under the age of six.

Misconceptions about lead poisoning prevent action. Many people think the problem of lead poisoning was solved when lead was taken out of paint and gasoline. Others believe that a few youngsters living in extreme poverty get lead poisoning when they eat chips of peeling paint. The truth is that lead poisoning will continue to threaten children as long as lead is present in our environment and homes.

Many people fixing up their homes unknowingly place themselves and their families at risk of lead poisoning. Improper removal of lead-based paint creates leaded dust which is hazardous both to the worker and the family. Young children and pregnant women are particularly at risk. Alerting the public to this risk is one of the best methods of preventing childhood lead poisoning.

The public also should learn about other possible sources of lead poisoning: in soil around lead-painted homes, in drinking water, in some enameled dishes and crystal, and hobbies.

Kiwanis clubs could play a key role in prevention by launching a comprehensive public education campaign. It should include every possible method of spreading the word.

- *The Media*—press articles, newspaper advertisements, radio public service announcements, television and radio interviews.
- *Special Events*—Town meetings, community forums, fairs, social club meetings, professional organization meetings.
- *Printed Materials*—Brochures, pamphlets, flyers, posters.

Try to identify the places in your community where your target audience might go or meet. For example, people involved in home repair will go to the hardware store or lumber yard. Most pregnant women will be receiving care from an obstetrician or a clinic. Target your activities to these places.

Identifying Lead Poisoning

Early identification of lead poisoning can ensure proper medical treatment and reduce the long-term threat to a child's development. A simple blood test is all that is needed. All children should be tested by their first birthday and then at least once a year until age seven.

Nine out of ten children are never tested for lead poisoning. This means many of the children affected are never identified. Early identification of children with lead poisoning can ensure proper medical and environmental follow-up and can prevent more serious damage due to continued lead exposure.

A community-wide screening fair would be an important step toward identifying all the children with lead poisoning in the community. The screening could also serve as a way to raise awareness about the problem, the risk of renovation, and the need to clean up the lead in a child's environment. Lead screening could be incorporated into a larger health screening effort, such as a health fair or immunization drive, or it can be organized on its own. In either situation, a club can help in several ways.

Professional Recruitment

A club should find trained medical professionals who would be willing to volunteer their time to do the screening. It will be important to arrange for medical follow-up for any children identified with high levels of lead. Locate private pediatricians, clinics and hospitals that provide care to lead-poisoned children. The club may also offer to pay for follow-up treatment if no other resource is available.

In some areas, lead poisoning prevention activities will be coordinated by the local or state health department or a local children's hospital. Clubs interested in screening should first contact the health department and hospital to identify current programs and resources and to discuss options for screening: locations, events, and so forth.

However, the local health department may not have established any program or be interested in the project. Some health departments may believe that lead poisoning is not a problem in their communities. The only way to know if there is a problem is through screening children, and a club can organize that screening.

Site Selection

The best sites are centrally located, offer easy access, and draw young children and their parents. Shopping centers, toy stores, churches, museums and fast food restaurants are possibilities. So are child care centers, pre-schools, and Head Start Programs, and playgrounds. Contact the director or manager of a few possible sites and discuss the possibility of a screening.

Joint Projects

Reaching all children at risk may require some special planning to draw children. A screening effort can be coordinated with a health fair, immunization drive, or some other special event. Incorporating lead screening may be cost effective and help increase participation.

Getting the Lead Out

Ultimately, preventing childhood lead poisoning may require removing the lead in a child's environment. This is the best way to prevent lead poisoning, and it is vital for children who are already poisoned. Removing lead-based paint, called abatement, can be hazardous and requires specialized training and safety precautions. Many localities, however, do not have the trained work force, materials, or resources to safely and properly identify and remove lead-based paint. Kiwanis clubs can help build this capacity in a number of ways.

Providing Resources

The cost of properly removing lead-based paint can be prohibitive. Many families and small-scale property owners cannot afford this expense. If the lead is not properly removed, lead poisoned children will be continuously exposed and poisoned anew.

- *Providing Loans/Grants*—A club can help by developing a revolving loan fund to finance lead-based paint abatement or by guaranteeing a loan made from a local bank.
- *Purchasing Equipment*—The best way to check for lead-based paint in a building is to bring in a portable X-ray fluorescence machine. Safe clean-up involves a HEPA vacuum (High Efficiency Particulate Air vacuum). These pieces of equipment cost more than $1,000 each.
- *Purchasing Materials*—Windows, doors, and woodwork often need to be replaced. Walls need to be paneled or covered.
- *Providing Temporary Shelter*—The best time to abate a home is when it is unoccupied. All occupants should be out of the house, but it is particularly important for pregnant women and children. A club could provide a lead-safe home for families who need to be temporarily relocated.
- *Training Workers*—Improperly conducted abatement can also create a danger to the worker and the family. Lead is a hazardous substance, and people working with it must be trained in safety techniques to protect their own health. A club could send members of the community (including club members) to a training center for lead-based paint abatement. To learn more about these training centers, contact the Alliance to End Childhood Lead Poisoning (address and phone below).

Resources

The organizations listed below offer materials that may assist a club in developing a lead-poisoning prevention program.

Alliance to End Childhood Lead Poisoning
600 Pennsylvania Ave. SE
Suite 100
Washington, DC 20003
U.S.A.
(202) 543-1147

The Alliance staff offers technical assistance and will help clubs find local contacts who can offer expert advice for a local prevention program.

The Alliance also provides materials on request. These include: *Guide to State Lead Screening Laws, Resource Guide for Financing, Lead-Based Paint Cleanup, and* copies of fact-filled articles from newspapers, magazines, and other organizations.

Lead Institute of San Francisco
P.O. Box 591244
San Francisco, CA 94118
U.S.A.
(800) 532-3837 orders only
(415) 885-4645 information

Offers a free pamphlet on lead poisoning and sells testing kits and a book on lead abatement ($20).

National Lead Information Center/Hotline
1019 19th Street NW
Suite 401
Washington, DC 20036-5105
U.S.A.
(202) 293-2270
(800) LEAD-FYI

Offers a variety of brochures and fact sheets aimed at parents, explaining the dangers of lead poisoning, the importance of testing children, and safe home renovations. Also provides a list of state contacts.

National Maternal and Child Health Clearinghouse
38th and R Streets NW
Washington, DC 20057
U.S.A.
(202) 625-8410
(703) 821-8955 ext. 254

Offers a book titled *Childhood Lead Poisoning Prevention*, a state-by-state listing of experts and programs on lead screenings, medical treatment, paint testing, home inspection, and abatement. One copy free on request.

Films Incorporated Video
5547 N. Ravenswood Avenue
Chicago, IL 60640
U.S.A.
(800) 323-4222 ext. 43

Offers a videotape and study guide titled *Kids and Lead Hazards: What Every Family Should Know*. Developed by Consumers Reports Television and Connecticut Public Television. Cost: $29.95 (includes shipping and handling).

Do-It-Yourself Testing Kits

Lead Paint and Coatings

Kits designed to test for lead paint only indicate whether lead is present in the paint and do not indicate the amount of lead. Low levels of lead detected by a laboratory often aren't detected by these kits.

Frandon Lead Alert
P.O. Box 300321
Seattle, WA 98103, U.S.A.
(800) 359-9000
Cost: $29.95 plus $3.50 shipping/handling

Lead Check Swabs
P.O. Box 1210
Framingham, MA 01701
U.S.A.
(800) 262-LEAD
Cost: $17.00 for an 8-pack; $28.45 for a 16-pack, good for an average house; $68.50 for a 48-pack

Lead in Water

Applied Technical Services, Inc.
Environmental Science Division
1190 Atlanta Industrial Drive
Marietta, GA 30066
U.S.A.
(404) 423-1400
Cost: $24.95 for kit

National Testing Laboratories
Watercheck
6151 Wilson Mills Road
Cleveland, OH 44143
U.S.A.
(800) 458-3330
Cost: $29

Suburban Water Testing
4600 Kutztown Road
Temple, PA 19560
U.S.A.
(800) 433-6595
Cost: $19

Water Test Corporation
33 South Commercial Street
Manchester, NH 03101
U.S.A.
(800) 426-8378
Cost: $25

Instructions

The brochure on the next two pages can be cut out of this bulletin and used as a master for printing. Consider printing the brochure and distributing it throughout your community.

To use the master, remove the staples in the gutter between the pages, cut along the fold, and then have the brochure printed, double sided. Have the printed brochures folded like business letters (#10 letter fold), with the panel that reads "Get the Lead OUT" as the cover.

- Always use cold water for cooking and preparing baby formula.
- Install a reverse-osmosis filter (approximately $100).

What should I feed my children to protect them from lead?

Children with adequate calcium and iron in their diets absorb lead less readily. After age two, children should avoid high-fat foods, which increase lead absorption. So, feed your children milk (skim after age two), green leafy vegetables, raisins, beans, and lean red meat.

What should I do during home improvements?

- Pregnant women and children should move elsewhere.
- Whenever possible, cover lead-paint surfaces with wood or sheetrock.
- Whenever possible, use a professional to remove materials covered with lead-based paint.
- Seal off the room being renovated with plastic.
- Don't use a sander or heat gun to remove lead-based paint. Use a chemical stripper that doesn't contain methylene chloride.
- Cleanup should begin with a High Efficiency Particulate Air (HEPA) vacuum with a small-pore filter.
- Cleanup should end with a thorough washing using a trisodium phosphate detergent. Use two buckets, for washing and rinsing.
- None of the materials taken out of the house should be burned.

Distributed by your local Kiwanis club as part of the
Kiwanis International service program
Young Children: Priority One.

Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
(317) 875-8755

BEST COPY AVAILABLE

Get the lead OUT!

One in every six preschoolers
has lead poisoning.
Protect your children!

The Facts about Lead

Lead is a poison. In very small amounts, it affects the nervous system and brain. In slightly larger amounts it affects red blood cells, kidneys, the reproductive system, and other organs.

In children under age six, very small amounts of lead can affect their development, attention span, and IQ. There is no known cure. Once it is in a child's brain, lead cannot be removed.

How much lead is dangerous?

Swallowing a few grains a day is enough to hurt a child—and that can be in the dust on a window sill. The official danger level is 10 micrograms per deciliter in a blood sample. The more lead in the blood, the more damaging it can be.

Young children take lead into their bodies 30 times better than adults do, and it does the most harm to them, especially between 15 months and four years.

How can I tell if my children have lead poisoning?

Most children with lead poisoning show no symptoms. Some will complain of headaches or stomach aches or have nose bleeds.

The only way to be sure your children are safe is to have their blood tested.

How do I get my children tested?

Call your family doctor or the county health department and ask about testing for lead poisoning. Request a venous blood-lead test, not a just a finger-prick test. In many areas, the heath department will do this for free. Doctors will charge $15 to $40.

Where is lead?

Lead may be in many places around your home. It was in paint until 1978. So, it can be in paint chips, the dust from painted surfaces rubbing together, or the dirt around a house where paint peeled off.

Lead was used in older water pipes and, until recently, was in solder used to join copper water pipes. So, it can be in water that sits in your water pipes too long.

Lead is in imported pottery glazes, leaded crystal, and the solder in some cans. So, lead can be in food that sits too long in these containers.

Lead is in some items burned in incinerators. So, it is in the air and soil near many incinerators.

Lead is used in industries and hobbies. So, it can be on clothes worn home from work or spread in your home by your hobby.

Lead was in gasoline for many years, so it is in the soil near busy roads.

How do I check my home for lead?

Have a professional test for lead. Ask the health department to test your home. If the health department can't, ask for a list of state-certified inspectors and testing laboratories. Have tests done in four places:

- ☐ *Painted Surfaces*—Inspectors will either bring a portable detector that uses X-rays or will take paint samples and send them to a laboratory.
- ☐ *Household Dust*—Inspectors wet-wipe surfaces and send the samples to a lab for testing.
- ☐ *Water*—Inspectors take two samples, one after the water has been in the pipes over night and another after the water has run for several minutes.
- ☐ *Soil*—Inspectors take samples from around the house and from areas where soil is likely to be tracked into the house.

How can I protect my children...

...from lead dust in the house?

- ☐ Damp-mop and damp-dust frequently with a detergent containing trisodium phosphate (TSP), such as powdered dishwashing detergent. Concentrate on places where painted surfaces rub together, by windows and doors.
- ☐ Don't sand or scrape walls or woodwork covered with lead paint.
- ☐ Wash children's hands frequently.
- ☐ Give toddlers pacifiers and chew toys so they don't chew on woodwork or painted toys.
- ☐ Put furniture in front of window sills that toddlers want to chew on.
- ☐ Wash baby toys and pacifiers that fall on the ground.
- ☐ Avoid hobbies involving lead, like making stained glass windows or fish sinkers.

...from lead in the soil?

- ☐ Don't let toddlers eat dirt.
- ☐ Plant shrubs and grass near buildings, where lead paint could have flaked off.
- ☐ Keep children away from play areas near highways.
- ☐ Make children wash their hands when they come inside.

...from lead in the water?

- ☐ Run the water for two minutes if it has been standing in the pipes for several hours.
- ☐ Run the water until it gets cold (20-30 seconds) if the tap has been used recently.

Instructions

For each of these samples, retype the text double-spaced and with appropriate margins (2" for the radio scripts; 1" for the others). Make copies of the radio PSAs and distribute them to local radio stations. Develop and distribute your own press release using a format similar to the sample. Use the letter as a model for a lead-testing effort in a child care or preshhool setting.

Create a poster similar to the one on the back of this bulletin to publicize your lead-testing event .

Sample Press Release

FOR IMMEDIATE RELEASE

For more information, contact:
Van Johnson
Kiwanis Club of Hyde Park

"Hyde Park children are in danger of lead poisoning, and Kiwanians want to make sure they're protected," says Kiwanis club president John Clandge. That's why the Hyde Park Kiwanians are launching an education campaign and offering free blood tests for children.

The Kiwanis Club of Hyde Park will offer free blood tests for lead poisoning each Saturday in September, from 9:00 am to noon, at the Stop and Shop Grocery, Dorchester and 53rd Street.

Brochures on lead poisoning will be distributed at the Stop and Shop, Ellis Avenue Clinic, Walgreen's Drugstore, Toys and Tots, O'Gara's Bookstore, and a number of churches. The Kiwanis club plans to distribute 10,000 brochures.

In the United States, one preschooler in six has lead poisoning, according to the Environmental Protection Agency. Because of the number of older buildings in Hyde Park, the proportion with lead poisoning may be higher here, suggests Clandge. Lead was used in paints until 1978 and in some plumbing fixtures and pipes.

In very small amounts, lead affects the kidneys, red blood cells, and central nervous system, according to the brochure being distributed by the Kiwanis club. In young children, it can permanently lower the IQ, reduce attention span, and delay development.

A preschooler can ingest enough lead to be poisoned from the dust of lead-based paint on a window sill. Swallowing the equivalent of a few grains of sugar each day could result in blood lead levels two to three times the official lead poisoning level of 10 micrograms in a deciliter of blood.

Simple precautions will protect children from many sources of lead. These include damp dusting with a high-phosphate detergent, keeping toddlers from chewing window sills and woodwork, and running water for a minute before drinking it. Other suggestions appear in the brochure.

Parents whose children test high for lead may need to have their homes tested to determine the sources of lead poisoning.

Radio PSAs

Radio Public Service Announcements

SCRIPT #1 — 15 seconds

Your young child probably won't show any symptoms of lead poisoning. But a little lead in his system before age five can affect his IQ for life. Play it safe. Have your child tested for lead.

A message from this radio station and the Kiwanis Club of Amo.

SCRIPT #2 — 15 seconds

There's lead in old paint. In soil around houses. In some water pipes. Maybe in the dust around your house. And it can all hurt your children. Find out more. Request our lead poisoning fact sheet.

A service project of this radio station and the Kiwanis Club of Rile.

SCRIPT #3 — 30 seconds

Before you start sanding or cutting holes in walls, we'd like to tell you three facts about lead paint.

One: Lead-based paint was manufactured until 1978, so it's in most houses. Two: Just the dust from a remodeling project will spread enough lead through your house to affect the IQ of a young child. Three: You can have your house tested for lead paint or do it yourself.

A message from this radio station and the Kiwanis Club of Wales.

SCRIPT #4 — 30 seconds

There are 300 tons of lead-based paint on buildings in this country. And when it flakes or peels or is sanded, it can poison children. That's why every child under six should be tested for lead. And parents need to learn how to protect their children from lead. Find out how. Request our lead poisoning fact sheet.

A service project of this radio station and the Kiwanis Club of Bloom Township.

Letter to parents

Dear Parents:

One preschooler in six has lead poisoning. Lead poisoning can lower a child's IQ, decrease attention span, and slow development.

That's why the Kiwanis Club of Kankakee is offering to provide free lead testing to all children in the Kankakee Valley Preschool Program. We also will be prepared test younger siblings at the end of the school day.

The testing will be conducted by Dr. Van Halen from the Morrison Clinic. It will involve taking a small blood sample from each child.

We have scheduled the testing for a week from Friday, on October 18. If you would like your child or children tested, please complete the attached form and turn it in to the preschool by Wednesday, October 16.

Also enclosed with this letter is a brochure about lead poisoning. If you have any questions about lead poisoning or the testing process, please call me.

Sincerely,

Edward VanLeuwenhook
Young Children Chairman
Kankakee Valley Kiwanis

Sample poster

Protect Your Children!

One preschooler in six has
lead poisoning — enough to lower
his or her IQ for life.

■

You can have your children tested for free:

Saturday, May 24
10:00 am to 2:00 pm
At the Gazebo in Westfield Park

■ Free Ice Cream and Helium Balloons ■

■

Contact the Kiwanis Club of Westfield
or the Westfield Dairy Queen
for more information.

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
USA

(317) 875-8755 Worldwide
(800) 879-4769 North A merica
(317) 879-0204 Fax

A SERVICE PROJECT FOR YOUNG CHILDREN: PRIORITY ONE

Home Visitation Programs

The Need

Each year thousands of children are born underweight and underdeveloped. Many of them die before they reach their first birthday. Thanks to the technological marvels of neonatal intensive care units, some of these children survive—at an average cost of $500,000 for a single child—and need therapy or support service for the rest of their lives.

Each year many more thousands are born to parents who do not know how to care for them. The parents lack a traditional network of relatives and neighbors to help them. As a result, many of the children are neglected or abused.

One type of program has proven capable of solving both problems, helping children to be born healthy and cared for by confident, loving parents. It is called "Home Visitation" and has been used for more than 100 years.

Home visitation programs train a nurse, social worker, or neighbor to visit homes of expectant mothers and new families. They establish a rapport with the people they visit, and that motivates the parents to learn and accept help from their visitors.

Home visitors help pregnant women understand the importance of prenatal care and proper nutrition. They help the expectant mothers gain access to services and prepare them for the realities of caring for an infant. Visitors model proper care and developmentally appropriate activities; they share information about nutrition, safety, and immunizations; and they listen to the concerns of the parents.

> *I like the term home visiting. . . . It establishes the relationship between me and my visitor. She's a visitor in my home. I am more in control of the interaction. She's here at my initiation to help me help myself.*
>
> *—A mother in a home visitation*

Home visitation programs can be an extremely important part of a comprehensive program of health care and family support. There still need to be health clinics, nutrition programs, rehabilitation services, and agencies that work together to help families. But the home visitor is the "front line" that reaches into homes and makes sure families get the help they need. That's why the countries with the lowest infant mortality rates have home visitation programs and why home visitation is now viewed as the most effective way to keep child abuse from beginning in a family. Unfortunately, in many communities there isn't a home visitation program.

Program Design

A home visitation program must have clearly defined goals, methods, and target populations. A program can serve all families, all pregnant women, only new families with certain risk factors. The important thing is that the focus addresses a genuine need that the community recognizes. The visitor can provide general support; or move quickly to link the family to services; or provide a specific service or treatment program. The goals must be defined in a way that can be measured, related to health or behavioral outcomes.

The workers in a visitation program must be carefully chosen and trained. In addition to the skills needed to provide the services in the program, the visitor needs to relate easily and "fit in" with the families visited. She or he needs to be able to listen, observe, guide, question, demonstrate, and sometimes confront without ever destroying the relationship with the family. This is why many programs try to hire home visitors from the neighborhood or area in which they will work.

Training needs to be on-going, both to ensure the continued focus of services and the proper knowledge base. Supervision is needed to help the home visitors face the continuing, unique challenges each of their families presents. Continued support is essential to ward off the frustration and burn-out when success must be measured by small increments that take months or years.

Finally, the program must be designed to provide enough support over a sufficient period of time to have a lasting impact. This requires long-term commitments on funding, program administration, evaluation, and the people involved in the program.

Program Costs

An effective home visitation requires substantial funding. There should be an administrator who trains and oversees the visitors, and each home visitor will probably work with only 15 to 20 families. Costs per family served can run from a few hundred dollars to $3,500 a year. Most of the recognized, effective programs cost at least $2,000 a year per family.

That is a lot of money. However, the costs of not having home visitations are often very much higher. The cost of a single child in neonatal intensive care for three to six months could pay for a home visitation program for all the pregnant women in the community for a year. Similarly, a year-long visitation program for 20 families could be supported from the cost of prosecution of a single child abuse or neglect case, including care for the child and education for the parents.

In short, the cost of coping with the health and family crises of a community will be greater than investing in health support and guidance for all the families in that community. And while saving money, the lives of all children in the community can be improved.

The Challenge for Kiwanis

Kiwanis clubs can help create home visitation programs. The first step is to understand that the club can't do it alone. As with many other *Young Children: Priority One* projects, the club will need to gather members of the health and social service professions. If they are concerned about the quality of maternal and infant health, parenting, and child abuse in the community, they will want to work with you.

The first step the group must take is to learn about home visitation programs and gather statistics and comments from families that show there is a need for a home visitation program. The group will use this information to educate other service agencies, business and community leaders, government officials, and the public about the need for a home visitation program. Throughout the education process, the group should add members to its growing coalition, so that business, government, and the target communities are all represented.

Once this partnership of concerned organizations has grown to "maturity", it can define the goals and deadlines necessary to create a home visitation program for the community. Various people or organizations will take responsibility for certain roles:

- *Lead Agency*—Responsible for leadership, administration, and coordination of activities.
- *Grant Writing*—Requires expertise to track and initiate private and public grant proposals.
- *Fund Raising*—A number of people needed, with experience soliciting funds from individuals, organizations, and businesses.
- *Training*—A team with knowledge of adult education, interpersonal communication, group process, maternal and infant health, child development, and parenting.
- *Media Relations*—Requires writing experience for op-eds, press releases, and letters; contacts in the print and broadcast news media.
- *Public Education*—Writing and public speaking needed, as well as funds for printing materials.
- *Advocacy*—Must communicate the need for the program to policy makers, business leaders, and other influential groups.

As the program develops (or if there is already a home visitation program in the community), organizations can address a number of other jobs, too. These include:

- Identifying home visitor candidates from the organization or neighborhood.
- Providing transportation to home visitors.
- Providing space for the administrative center of the home visitation program, where the home visitors can meet, complete paperwork, keep files, and make follow-up phone calls.
- Holding "Baby Showers" for participants in the program.
- "Adopting" a home visitor—paying the costs associated with one full-time home visitor.
- Developing a "Maternity Closet" of donated clothes that can be offered to pregnant women in the program.
- Assisting with language translation of materials or helping to communicate with a family.

To Learn More

Several organizations offer tremendous resources that can help a group in your community plan the development of a home visitation program. If your club is interested, contact some of the organizations listed below.

■ National Commission to Prevent Infant Mortality

Resource Mothers Program
Switzer Building
330 C Street SW, Room 2014
Washington, DC 20201
Phone: 202/205-8364
Fax: 202/205-5562

The *Resource Mothers Program* has created a database of home visitation programs throughout the United States. After surveying a number of these programs, it has developed implementation and training materials to help guide communities in establishing programs.

■ National Committee for the Prevention of Child Abuse (NCPCA)

332 S. Michigan Avenue, Suite 1600
Chicago, IL 60604-4357
Phone: 312/663-3520

The NCPCA is working with Ronald McDonald Charities to set up more than 30 pilot sites of a home visitation program called Healthy Families America. This program was developed from a program in Hawaii that eliminated child abuse in an at-risk population for four years. The goal is to set up voluntary home visitation programs throughout the U.S. To learn more about this program, contact the NCPCA.

The NCPCA also provides the administrative support for the National Parent Aide Association. Many home visitation programs focused on prevention of abuse belong to this association. The Parent Aide Association will provide information on program development and maintains a directory of programs.

■ Extension Service

Communication, Information, and Technology Staff
U.S. Department of Agriculture
Room 3328-S
14th & Independence Avenue SW
Washington, DC 20250
Phone: 202/720-4651

The Cooperative Extension Service has developed three home visitation programs that are used in a number of states: *The Expanded Food and Nutrition Education Program* (EFNEP), the *Volunteer Information Provider Program*, and the *Mentor Mother Program*. A county agent, the extension service office at a state land-grant university, or the office listed above can provide information about these programs.

■ Bureau of Family Health

Kansas Department of Health and Environment
Landon State Office Building
10th Floor
900 SW Jackson
Topeka, KS 66612-1290
Phone: 913/296-1234
Fax: 913/296-6231

The *Healthy Start Program* provides education and support to pregnant women and families with a baby (less than one year old). It is now available in 49 counties in Kansas. A manual and other materials used in the program are available for purchase.

■ Georgia Council on Child Abuse

1401 Peachtree Street NE
Suite 140
Atlanta, GA 30309
Phone: 404/870-6555

The Georgia Council offers a program called *First Steps* that begins after delivery, with a visit in the hospital, and continues with home visits as needed. Materials available for purchase include an operational manual, a training guide, volunteer handbook, brochures, and video about the program.

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
USA

(317) 875-8755 Worldwide
(800) 879-4769 North America
(317) 879-0204 FAX

Young Children
PRIORITY ONE

THE PRIORITY ONE ADVISORY COUNCIL

The organizations listed below have a representative on Kiwanis International's Priority One Advisory Council. The Council will assist in developing service materials for *Young Children: Priority One.*

Many of these organizations also have state or local affiliates that will be urged to work with Kiwanis clubs in addressing the needs of young children. District *Young Children* Program chairmen have lists of contacts that can be shared with lieutenant governors and club leaders.

The local level contacts of many Council members may be easy to find. The county extension agent is probably listed in the phone book, and the same may be true for the March of Dimes, Head Start, YMCA, and several others. A final method to find a state or local contact—or to request other information—is to contact the national office of an organization on the Council. Addresses and phone numbers are listed on this sheet.

In addition, other organizations have been invited to join the Council. Their decisions are pending. Kiwanis International will continue to invite onto the Council those organizations with which clubs should work.

Alliance to End Childhood Lead Poisoning
600 Pennsylvania Ave., SE
Ste. 100
Washington, DC 20003
(202) 543-1147

American Academy of Pediatrics
141 Northwest Point Blvd.
P.O. Box 927
Elk Grove Village, IL 60009-0927
(800) 433-9016
(708) 228-5005

American Association of Retired Persons
601 "E" St., NW
Washington, DC 20049
(202) 434-2277

American College of Obstetricians & Gynecologists
409 12th Street SW
Washington, DC 20024
(202) 638-5577

American Red Cross
17th and "D" Streets, NW
Washington, DC 20006
(202) 737-8300

Association of Junior Leagues International Incorporated
660 First Avenue
New York, NY 10016-3241
(212) 683-1515

Child Welfare League
440 First St., NW, Ste. 310
Washington, DC 20001-2085
(202) 638-2952

Children's Defense Fund
25 "E" Street, NW
Washington, DC 20001
(202) 628-8787

Committee for Economic Development
477 Madison Avenue
New York, NY 10022
(212) 688-2063

Cooperative Extension Service
U.S. Department of Agriculture
14th & Independence Ave., SW
Washington, DC 20250
(202) 720-2908

Emergency Medical Services for Children
National Resource Center
111 Michigan Avenue, NW
Washington, DC 20010-2970
(202) 939-4827

Families and Work Institute
330 7th Avenue
New York, NY 10001
(212) 465-2044

Family Resource Coalition
200 S. Michigan Ave., Suite 1520
Chicago, IL 60604
(312) 341-0900

Family Service America
11700 West Lake Park Drive
Milwaukee, WI 53224
(414) 359-1040

Head Start Bureau
P.O. Box 1182
Washington, DC 20013
(202) 245-0560

Healthy Mothers, Healthy Babies
409 12th St. SW, Rm. 309
Washington, DC 20024-2188
(202) 863-2458

Holland and Knight
P.O. Box 015441
Miami, FL 33101
(305) 374-8500

Kiwanis Pediatric
Trauma Institute
New England Medical Center
750 Washington St., Box 344
Boston, MA 02111
(617) 956-6381

La Leche League International
9616 Minneapolis Ave.
P.O. Box 1209
Franklin Park, IL 60131-8209
(708) 455-7730

March of Dimes
Birth Defects Foundation
National Headquarters
1275 Mamaroneck Ave.
White Plains, NY 10605
(914) 428-7100

National Association
of Child Advocates
1625 K St., NW, Suite 510
Washington, DC 20006
(202) 828-6950

National Association
of Child Care Resource
and Referral Agencies
P. O. Box 40246
Washington, DC 20016
(202) 333-4194

National Association for the
Education of Young Children
1509 16th St., NW
Washington, DC 20036-1426
(800) 424-2460
(202) 232-8777

National Association of
Children's Hospitals
& Related Institutions
401 Wythe Street
Alexandria, VA 22314
(703) 684-1355

National Commission
to Prevent Infant Mortality
Switzer Building, Rm. 2014
330 C St., SW
Washington, DC 20201
(202) 472-1364

National Committee for
Prevention of Child Abuse
332 S. Michigan Ave., Ste. 1600
Chicago, IL 60604-4357
(312) 663-3520

National Council
of Jewish Women
53 W. 23rd St.
New York, NY 10010
(212) 645-4048

National Head Start Association
201 N. Union St., Ste. 320
Alexandria, VA 22314
(703) 739-0875

National PTA
700 North Rush Street
Chicago, IL 60611-2571
(312) 787-0977

Parents Anonymous, Inc.
520 S. LaFayette Park Place
Suite 316
Los Angeles, CA 90057-1607
(213) 388-6685

Reading Is Fundamental
600 Maryland Ave., SW, Ste. 600
Washington, DE 20024
(202) 287-3220

Safe Kids Campaign
National Coalition to
Prevent Childhood Injury
111 Michigan Ave., NW
Washington, DC 20010
(202) 939-4993

United Way of America
701 N. Fairfax St.
Alexandria, VA 22314
(703) 836-7100

YMCA of the USA
101 North Wacker Drive
Chicago, IL 60606
(312) 977-0031

Zero to Three
2000 14th St. N., Ste. 380
Arlington, VA 22201
(703) 528-4300

Young Children
PRIORITY ONE

1993-94 District Committee Chairmen for Young Children: Priority One

Alabama
Joe L. Dean
P. O. Box 848
Opelika, AL 36803-0848
Home: 205/745-4935
Bus: 205/749-5631

Australia
Duncan F. MacKenzie
4 Edinburgh Ave.
Stonyfell, SA 5066
AUSTRALIA
Bus: 61-8/332-1204
Fax: 61-8/223-1934

Cal-Nev-Ha
Marion Avakian
13010 Maclay St.
Sylmar, CA 91342-4937

Joseph R. Chavoen Jr.
5320 Proctor Road
Castro Valley, CA 94546-1534

Kenneth Kline
269 Avenida Loberio #A
San Clemente, CA 92672-4453

Elmer C. Snyder
2300 El Portal Drive #48
Bakersfield, CA 93309-4281

Donald G. Vanlue
22750 3rd Street
Hayward, CA 94541-4304

Frank E. Walsh
653 Byrdee Way
Lafayette, CA 94549-1701

Capital
Rudolph R. Russo
5005 Euclid St.
Virginia Beach, VA 23462
Home: 804/340-7376

Carolinas
Thomas J. Dimmock
8469 Bournemouth Dr.
Raleigh, NC 27615
Home: 919/847-0440
Bus: 919/781-4442
Fax: 919/781-5052

E.C. & C.
Not available at time of printing.

Florida
Robert E. Marx
106 Meadowlark Dr.
Royal Palm Beach, FL 33411
Home: 407/793-6226

Georgia
James G. Merritt
542 Gregg Dr.
Lilburn, GA 30247-5210
Home: 404/923-4883

Illinois-E. Iowa
Not available at time of printing.

Indiana
Bernard L. Render
6011 E. 42nd St.
Indianapolis, IN 46226
Home: 317/545-9593

Kansas
Not available at time of printing.

Kentucky-Tennessee
James G. Ware
1071 Constitution Drive
Chattanooga, TN 37405-4246

La-Miss-W.Tenn
Kendal D. McDaniel
4413 Clearlake Drive
Metairie, LA 70006-2217

Michigan
James D. Walder
10922 Chicago Road
Warren, MI 48093-5559

Minnesota-Dakotas
Myron Larson
P. O.Box 337
Alexandria, MN 56308-0337

Missouri-Arkansas
Thomas M. Flowers
1210 Mount Carmel Road
Cabot, AR 72023-9531

Montana
Not available at time of printing.

Nebraska-Iowa
James Underwood
1111 9th St., #180
Des Moines, IA 50314
Home: 515/255-6739

New England
Robert A. Masys
1 Masys Way
Haverhill, MA 91832-1070
Home: 508/373-7414
Bus: 508/372-0449
Fax: 508/372-7183

New Jersey
Louis Gianndrea
88 Grove Street
Sicklerville, NJ 98981-9394

New York
James W. Reed
766 Guy Lombardo Ave.
Freeport, NY 11520-6213
Home: 516/223-4316
Bus: 212/455-3838
Fax: 212/455-3144

New Zealand
Hugh A. Cowan
31 Tainui Street
Tokoroa
NEW ZEALAND

Ohio
William E. Spreen
1206 Jeremy Ct.
Cincinnati, OH 45240
Home: 513/825-1187

Pacific-Northwest
John F. Yegge
2426 Alexander Ave.
Richland, WA 99352-1603
Home: 509/375-0225

Pennsylvania
James C. Eicher
R. R. 7 Box 329 A
Greensburg, PA 15601
Home: 412/837-8431

Philippine Luzon
Hernan M. Miraflores
1357 Candelaria St.
Makati
1200 Metro Manila
PHILIPPINES

Philippine South
Not available at time of printing.

Rocky Mountain
Ms. Jerry D. Sheeley
P. O. Box 6652
Denver, CO 80206
Home: 303/794-7387

Southwest
Walter E. "Walt" Smith
12426 Banyon Dr.
Sun City West, AZ 85375
Home: 602/584-5186

Texas-Oklahoma
William T. Miller
101 Jynteewood Street
Canyon, TX 79015-1705
Home: 806/655-1846
Bus: 806/378-1088

Robert J. Towe
3300 NW 45th Terrace
Oklahoma City, OK 73112-5908

Utah-Idaho
Not available at time of printing.

West Virginia
J. W. "Bill" Dixon Jr., D.D.S.
1858 Loudon Hts. Rd.
Charleston, WV 25314
Home: 304/342-0352

Western Canada
Harland Bell
19 Ashgrove Blvd.
Brandon, MB R7B 1C3
CANADA
Home: 204/726-8752
Bus: 204/728-7234

Wisconsin-Upper Michigan
Susan K. Rowe
920 Lake Road
Altoona, WI 54720-1841
Home: 715/832-0210
Bus: 715/832-3401

QUARTERLY REPORTS FOR YOUNG CHILDREN: PRIORITY ONE

Each report is different and has a specific due date.

DUE

OCTOBER 1, 1993 Please submit the initial report immediately upon appointment as club chairman for Young Children Priority One.

JANUARY 10, 1994
APRIL 10, 1994
JULY 10, 1994
OCTOBER 10, 1994

Young Children
PRIORITY ONE

Your participation in the quarterly report system helps increase Kiwanis service to young children. Quarterly reports:

- Give you opportunities to ask for help.
- Help direct you to materials and resources developed and used by other Kiwanis clubs.
- Help connect your club to local experts from member organizations of the Priority One Advisory Council.
- Help determine the direction of the Young Children program and the need for new materials to support club interests.

The report is a scan form, designed to be "read" by a computer. Please review the following instructions carefully before completing the report.

HANDLING THE FORM:

- DO NOT INTERFERE WITH CODED BLACK MARKS ON THE LEFT SIDE OF THE FORM.
- DO NOT CUT, TEAR, OR HOLE-PUNCH.
- DO NOT STAPLE OR TAPE FORM.
- SUBMIT ORIGINAL FORM ONLY. PHOTOCOPIES OR CARBONS CANNOT BE READ BY THE COMPUTER.

MARKING THE RECTANGLES:

USE A BLACK SOFT-LEADED PENCIL ONLY (NO. 2)

- USE ONLY A BLACK, SOFT-LEADED PENCIL (NO. 2).
- DO NOT USE INK.
- MARK EACH RECTANGLE CLEARLY. (See Example A)
- ERASE MISTAKES THOROUGHLY WITH A REGULAR PENCIL ERASER.
- DO NOT USE CORRECTING FLUID.
- MAKE NO STRAY MARKS.

EXAMPLE A:
PROPER MARKS:
▬
IMPROPER MARKS:
☒ ☑ ⌀ ▣

COMPLETING THE TOP SECTION:

Information requested in the top section identifies your club and the person reporting. Please print clearly when completing this section.

YES OR NO QUESTIONS:

Choose the correct answer and mark the rectangle.

MULTIPLE CHOICE QUESTIONS:

When applicable, you may choose more than one answer. Fill in the rectangles representing your responses.

ATTACH A BRIEF DESCRIPTION:

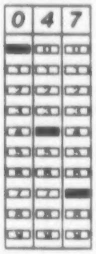
If you write a brief narrative in response to questions on the first, second, and third quarter reports, please use a separate sheet of paper. Do not write on the back of the scan form or attach the description to the scan form with staples or tape, since both actions will make the report unusable. Instead, please enclose your description in the same envelope when you mail the report.

© SCANTRON CORPORATION 1991
ALL RIGHTS RESERVED

IF THE ANSWER TO A QUESTION IS A NUMBER OR DOLLAR AMOUNT:

1. Round-off money amounts to the nearest dollar.
2. Write the numerals in the boxes between the question and the rows of rectangles.
3. When you have fewer digits to your answer than there are response boxes, fill in the blank boxes to the left of your response with zeros. See example B. This example asks for the number of people who benefitted by your club's Young Children project. If 47 people benefitted, you should write "047" in the boxes.
4. In each column of rectangles, mark the rectangle corresponding to the numeral you wrote in the box above. Fill in only one rectangle in each column.

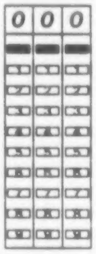
EXAMPLE B:



IF THE ANSWER TO A QUESTION IS NONE OR ZERO:

Write zeros in the numeral boxes, then mark all zero rectangles corresponding to that question. See Example C.

EXAMPLE C:



CLUBS OUTSIDE THE UNITED STATES:

On the initial report, please enter your telephone number beginning at the left of the rectangles, and leave the extra spaces blank at the right.

In response to the first quarter question about networking, please list organizations with which your club is working on a separate sheet. Information you supply about cooperating groups will be shared with other clubs in your country. Do not write on the back of the form or attach your note with staples or tape, since both actions will make the report unusable.

HAVE QUESTIONS? NEED HELP?

If you need clarification or assistance, please call the Program Development Department at Kiwanis International. We will be happy to assist you.

Toll free in the U.S. and Canada, 800/879-4769.
All other countries, 317/875-8755.

WHERE TO SEND YOUR REPORTS:

The report should be mailed, by the due date indicated on each, to:

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
USA

BEST COPY AVAILABLE

INITIAL REPORT
ON YOUNG CHILDREN: PRIORITY ONE

Due October 1, 1993

Use only a black, soft-leaded pencil.

To be completed by the club chairman for Young Children: Priority One.

Kiwanis Club of: ____________________

State/Province/Country: ____________________

District: ____________________

Division: ____________________

Club Chairman: ____________________

Address: ____________________

____

Daytime Phone: (   ) ____________________

Club Key Number (Obtain from club secretary):

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Did your club conduct one or more Young Children: Priority One projects during the 1992-93 administrative year? ☐ Yes ☐ No

Does your club plan to conduct one or more Young Children: Priority One projects during the 1993-94 administrative year? ☐ Yes ☐ No

Please indicate assistance you would like from your district chairman for Young Children.

- ☐ Advice on fund-raising
- ☐ Advice on publicity
- ☐ Review of Young Children plans
- ☐ Young Children project suggestions
- ☐ Advice on working with other Kiwanis clubs
- ☐ Local contacts with other organizations
- ☐ Advice on working with other organizations
- ☐ None
- ☐ Other ____________________

By whom were you trained?

- ☐ Club president
- ☐ Lieutenant governor
- ☐ Division Young Children chairman
- ☐ District Young Children chairman
- ☐ District governor
- ☐ Not trained
- ☐ Other

The training I received was helpful. ☐ Yes ☐ No

THIS BLOCK FOR OFFICE USE ONLY:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Club Chairman's Name

First

A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Last

A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

Daytime Phone Number

(Area Code)

0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9

Zip Code (U.S. Only)

0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

Mail this form to:

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
USA

BEST COPY AVAILABLE

FIRST QUARTER REPORT
ON YOUNG CHILDREN: PRIORITY ONE

Due January 10, 1994
For period October 1, 1993 — December 31, 1993

Use only a black, soft-leaded pencil.

To be completed by the club chairman for Young Children: Priority One.

Kiwanis Club of ______________________
State/Province/Country ______________________
District ______________________
Division ______________________

Club Chairman ______________________
Address ______________________
____
Daytime Phone ( )

Club Key Number (Obtain from club secretary):

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Has your club conducted one or more Young Children: Priority One projects since October 1, 1993? ☐ Yes ☐ No

Does your club plan to conduct one or more Young Children: Priority One projects during the remainder of the 1993-94 administrative year? ☐ Yes ☐ No

Please indicate assistance you would like from your district chairman for Young Children.

- ☐ Advice on fund-raising
- ☐ Advice on publicity
- ☐ Review of Young Children plans
- ☐ Young Children project suggestions
- ☐ Advice on working with other Kiwanis clubs
- ☐ Local contacts with other organizations
- ☐ Advice on working with other organizations
- ☐ None
- ☐ Other ______________________

THIS BLOCK FOR OFFICE USE ONLY:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Networking

Please mark the groups with which your club is working or would like to work:

Maternal and Infant Health	Working with	Would like to work with
Cooperative Extension Service	☐	☐
Family service agency	☐	☐
Health department	☐	☐
Healthy Mothers, Healthy Babies	☐	☐
Hospital	☐	☐
La Leche League	☐	☐
March of Dimes	☐	☐
Nurse	☐	☐
Obstetrician	☐	☐
Pediatrician	☐	☐
Pregnancy center	☐	☐
Social worker	☐	☐
United Way	☐	☐
WIC Assistance Program	☐	☐
Other government agency	☐	☐
Other ______________	☐	☐

Child Care and Development	Working with	Would like to work with
Child care resource and referral agency	☐	☐
Church/synagogue	☐	☐
Child care center	☐	☐
Head Start	☐	☐
Library	☐	☐
Reading Is Fundamental	☐	☐
Preschool/other school	☐	☐
Sesame Street Preschool Education Project (PEP)	☐	☐
Toy library	☐	☐
YMCA/YWCA	☐	☐
Other ______________	☐	☐

Parent Education and Support	Working with	Would like to work with
Church/synagogue	☐	☐
Committee for the Prevention of Child Abuse	☐	☐
Family resource center	☐	☐
Focus on the Family	☐	☐
Homeless shelter	☐	☐
Library	☐	☐
Parent education program	☐	☐
Parents Anonymous	☐	☐
YMCA/YWCA	☐	☐
Other ______________	☐	☐

Safety and Pediatric Trauma	Working with	Would like to work with
Hospital/doctor/nurse	☐	☐
Children's Miracle Network Telethon	☐	☐
Fire/police department	☐	☐
Kiwanis Trauma Center	☐	☐
Red Cross	☐	☐
Rescue squad	☐	☐
Safe Kids Coalition	☐	☐
Other ______________	☐	☐

188

Mail this form to:

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
USA

We would like to learn more about how your club is working with the groups you marked above. If possible, please enclose a separate note briefly describing activity.

SECOND QUARTER REPORT
ON YOUNG CHILDREN: PRIORITY ONE

Due April 10, 1994
For period October 1, 1993 — March 31, 1994

Use only a black, soft-leaded pencil.

To be completed by the club chairman for Young Children: Priority One.

Kiwanis Club of: ____________________
State/Province/Country: ____________________
District: ____________________
Division: ____________________

Club Chairman: ____________________
Address: ____________________
____
Daytime Phone: (   ) ____________________

Club Key Number (Obtain from club secretary):

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Has your club conducted one or more Young Children: Priority One projects since October 1, 1993? ☐ Yes ☐ No

Does your club plan to conduct one or more Young Children: Priority One projects during the remainder of the 1993-94 administrative year? ☐ Yes ☐ No

Please indicate assistance you would like from your district chairman for Young Children.

☐ Advice on fund-raising
☐ Advice on publicity
☐ Review of Young Children plans
☐ Young Children project suggestions
☐ Advice on working with other Kiwanis clubs
☐ Local contacts with other organizations
☐ Advice on working with other organizations
☐ None
☐ Other ____________________

THIS BLOCK FOR OFFICE USE ONLY:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Projects

Mark the types of projects your club has conducted in 1993-94 — or plans to conduct during the remainder of the year. Please answer additional questions at the right to indicate how other Kiwanis clubs can benefit from your club's experience.

Maternal and Infant Health	Club conducted or plans to conduct a project	Club developed written material	Club developed videotape	Club is willing to provide advice/assistance	Other organization provided material
Alcohol awareness campaign	☐	☐	☐	☐	☐
Breast feeding awareness	☐	☐	☐	☐	☐
Health care education	☐	☐	☐	☐	☐
Health care for children	☐	☐	☐	☐	☐
Health screening clinic	☐	☐	☐	☐	☐
Home visitation/resource mother	☐	☐	☐	☐	☐
Immunizations	☐	☐	☐	☐	☐
Lead poisoning prevention	☐	☐	☐	☐	☐
Nutrition	☐	☐	☐	☐	☐
Prenatal check-ups	☐	☐	☐	☐	☐
Smoking awareness campaign	☐	☐	☐	☐	☐
Teen parent assistance	☐	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐	☐
Parent Education and Support					
Awareness/prevention of child abuse	☐	☐	☐	☐	☐
Family literacy program	☐	☐	☐	☐	☐
Family resource center/library	☐	☐	☐	☐	☐
Help to the homeless	☐	☐	☐	☐	☐
Home visitation/resource mother	☐	☐	☐	☐	☐
Parent helpline	☐	☐	☐	☐	☐
Parenting education	☐	☐	☐	☐	☐
Parenting fair	☐	☐	☐	☐	☐
Parents Anonymous group	☐	☐	☐	☐	☐
Respite care (relief for caregivers)	☐	☐	☐	☐	☐
Shaken Baby Syndrome	☐	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐	☐

Child Care and Development	Club conducted or plans to conduct a project	Club developed written material	Club developed videotape	Club is willing to provide advice/assistance	Other organization provided material
Child care					
Accreditation	☐	☐	☐	☐	☐
Licensing	☐	☐	☐	☐	☐
Materials	☐	☐	☐	☐	☐
Reading program	☐	☐	☐	☐	☐
Repair/improvement	☐	☐	☐	☐	☐
Scholarship program	☐	☐	☐	☐	☐
Training	☐	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐	☐
Head Start Center					
Classroom volunteers	☐	☐	☐	☐	☐
Management assistance	☐	☐	☐	☐	☐
Materials	☐	☐	☐	☐	☐
Reading program	☐	☐	☐	☐	☐
Repair/improvement	☐	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐	☐
Library					
Story phone line	☐	☐	☐	☐	☐
Story time	☐	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐	☐
Playground (building/repair)	☐	☐	☐	☐	☐
Preschool/other school	☐	☐	☐	☐	☐
Reading Is Fundamental (RIF)	☐	☐	☐	☐	☐
Set up resource & referral agency	☐	☐	☐	☐	☐
Toy library	☐	☐	☐	☐	☐
Van for family care providers	☐	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐	☐

Safety and Pediatric Trauma	Club conducted or plans to conduct a project	Club developed written material	Club developed videotape	Club is willing to provide advice/assistance	Other organization provided material
Baby-sitter training	☐	☐	☐	☐	☐
Car safety seats	☐	☐	☐	☐	☐
Children's Miracle Network Telethon	☐	☐	☐	☐	☐
Choke test tubes	☐	☐	☐	☐	☐
Drown-proofing	☐	☐	☐	☐	☐
Fall prevention (install gates & bars)	☐	☐	☐	☐	☐
Fire/police department	☐	☐	☐	☐	☐
Home safety check	☐	☐	☐	☐	☐
Pediatric trauma					
Equipment purchase	☐	☐	☐	☐	☐
Fund-raising	☐	☐	☐	☐	☐
Landing pads	☐	☐	☐	☐	☐
Training programs	☐	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐	☐
Poison prevention	☐	☐	☐	☐	☐
Red Cross	☐	☐	☐	☐	☐
Rescue Squad	☐	☐	☐	☐	☐
Safety fair	☐	☐	☐	☐	☐
Scald burn awareness	☐	☐	☐	☐	☐
Smoke detectors	☐	☐	☐	☐	☐
Other ____________	☐	☐	☐	☐	☐

Mail this form to:

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
USA

If your club can provide help to other Kiwanis clubs, please enclose a separate note briefly describing materials and assistance.

THIRD QUARTER REPORT
ON YOUNG CHILDREN: PRIORITY ONE

Due July 10.1994
For period October 1, 1993 — June 30, 1994

Use only a black, soft-leaded pencil.

To be completed by the club chairman for Young Children: Priority One.

Kiwanis Club of: ______________________
State/Province/Country: ______________________
District: ______________________
Division: ______________________

Club Chairman: ______________________
Address: ______________________
____
Daytime Phone: (   ) ______________________

Club Key Number (Obtain from club secretary):

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Has your club conducted one or more Young Children: Priority One projects since October 1, 1993? ☐ Yes ☐ No

Does your club plan to conduct one or more Young Children: Priority One projects during the remainder of the 1993-94 administrative year? ☐ Yes ☐ No

Please indicate assistance you would like from your district chairman for Young Children.

- ☐ Advice on fund-raising
- ☐ Advice on publicity
- ☐ Review of Young Children plans
- ☐ Young Children project suggestions
- ☐ Advice on working with other Kiwanis clubs
- ☐ Local contacts with other organizations
- ☐ Advice on working with other organizations
- ☐ None
- ☐ Other ______________________

If your club implemented a Young Children project this year, has your lieutenant governor awarded it a banner patch? ☐ Yes ☐ No

THIS BLOCK FOR OFFICE USE ONLY:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Materials
Please mark the materials your club used in 1993-94, indicating your opinion of them.

	Useful – keep as it is	Useful – can be improved	Not useful – please improve	Not useful – eliminate
PO 1 Reading Is Fundamental	☐	☐	☐	☐
PO 2 Head Start	☐	☐	☐	☐
PO 3 Scald Burns	☐	☐	☐	☐
PO 4 Smoking Awareness	☐	☐	☐	☐
PO 5 Parenting Fair	☐	☐	☐	☐
PO 6 Children's Miracle Network Telethon	☐	☐	☐	☐
PO 7 Smoke Detector Safety	☐	☐	☐	☐
PO 8 Pediatric Trauma	☐	☐	☐	☐
PO 9 Home Safety Checklist	☐	☐	☐	☐
PO 10 Awareness and Prevention of Child Abuse	☐	☐	☐	☐
PO 11 Shaken Baby Syndrome	☐	☐	☐	☐
PO 12 Parents Anonymous	☐	☐	☐	☐
PO 13 Parenting Education	☐	☐	☐	☐
PO 14 Immunizations	☐	☐	☐	☐
PO 15 Preventing Fetal Alcohol Effects	☐	☐	☐	☐
PO 16 Lead Poisoning Prevention	☐	☐	☐	☐
PO 17 Home Visitation Programs	☐	☐	☐	☐
YS 29 Safety Seat Loan Program	☐	☐	☐	☐
Community Needs Survey	☐	☐	☐	☐
Fact Brochure	☐	☐	☐	☐
Overview for the Club Young Children Chairman	☐	☐	☐	☐
Project Idea List	☐	☐	☐	☐
Tip Sheets on Fund Raising and Evaluation	☐	☐	☐	☐
Other ______________________	☐	☐	☐	☐

190

Mail this form to:

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
USA

If you have ideas for improving Young Children materials or suggestions for new materials, please enclose a separate note.

FOURTH QUARTER REPORT ON YOUNG CHILDREN: PRIORITY ONE

Due October 10, 1994
For period October 1, 1993 – September 30, 1994

Use only a black, soft-leaded pencil.

To be completed by the club chairman for Young Children: Priority One.

Kiwanis Club of: ______________________
State/Province/Country: ______________________
District: ______________________
Division: ______________________

Club Chairman: ______________________
Address: ______________________
____
Daytime Phone: (   ) ______________________

Club Key Number (Obtain from club secretary):

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Total funds spent on Young Children projects since Oct. 1, 1993:
(Please report in your country's currency.)

$						.00
	0	0	0	0	0	0
	1	1	1	1	1	1
	2	2	2	2	2	2
	3	3	3	3	3	3
	4	4	4	4	4	4
	5	5	5	5	5	5
	6	6	6	6	6	6
	7	7	7	7	7	7
	8	8	8	8	8	8
	9	9	9	9	9	9

Total hours by members on Young Children projects since Oct. 1, 1993:

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Total number of people involved in Young Children projects since Oct. 1, 1993:

Members			Volunteers outside club			Recipients of club's service		
0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9

THIS BLOCK FOR OFFICE USE ONLY:

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

Other organizations involved in club's projects since Oct. 1, 1993		Number Young Children projects this year:		How many of these projects will you recommend be continued next year?	
0	0	0	0	0	0
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	3
4	4	4	4	4	4
5	5	5	5	5	5
6	6	6	6	6	6
7	7	7	7	7	7
8	8	8	8	8	8
9	9	9	9	9	9

Did you receive training for your duties as club Young Children chairman?

☐ Yes ☐ No

Do you recommend more training be provided to future Young Children chairman?

☐ Yes ☐ No

Club support of DIVISION Young Children projects since Oct. 1, 1993:

Funds:

$						.00
	0	0	0	0	0	0
	1	1	1	1	1	1
	2	2	2	2	2	2
	3	3	3	3	3	3
	4	4	4	4	4	4
	5	5	5	5	5	5
	6	6	6	6	6	6
	7	7	7	7	7	7
	8	8	8	8	8	8
	9	9	9	9	9	9

Service hours:

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Please mark the three sources of information that were most helpful to you:

- ☐ Club president
- ☐ Lieutenant governor
- ☐ District Young Children chairman
- ☐ Community analysis
- ☐ Other Kiwanis clubs
- ☐ Outside organization (local level)
- ☐ Outside organization (state level)
- ☐ Printed materials from Kiwanis international
- ☐ Other ______________________

Club support of DISTRICT Young Children projects since Oct. 1, 1993:

Funds:

$						.00
	0	0	0	0	0	0
	1	1	1	1	1	1
	2	2	2	2	2	2
	3	3	3	3	3	3
	4	4	4	4	4	4
	5	5	5	5	5	5
	6	6	6	6	6	6
	7	7	7	7	7	7
	8	8	8	8	8	8
	9	9	9	9	9	9

Service hours:

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

Please indicate your views about the Young Children: Priority One program:

	Agree Strongly	Agree	Neither	Disagree	Disagree strongly
My club is interested in the program.	☐	☐	☐	☐	☐
My club supports Young Children projects.	☐	☐	☐	☐	☐
It should be the ongoing focus program of Kiwanis.	☐	☐	☐	☐	☐
The needs it addresses are important to my community.	☐	☐	☐	☐	☐
The program is establishing a name for Kiwanis in my community.	☐	☐	☐	☐	☐
The program's service should be more focused.	☐	☐	☐	☐	☐
It should have a broader service range.	☐	☐	☐	☐	☐
More information about projects should be available.	☐	☐	☐	☐	☐
Other ______________________	☐	☐	☐	☐	☐

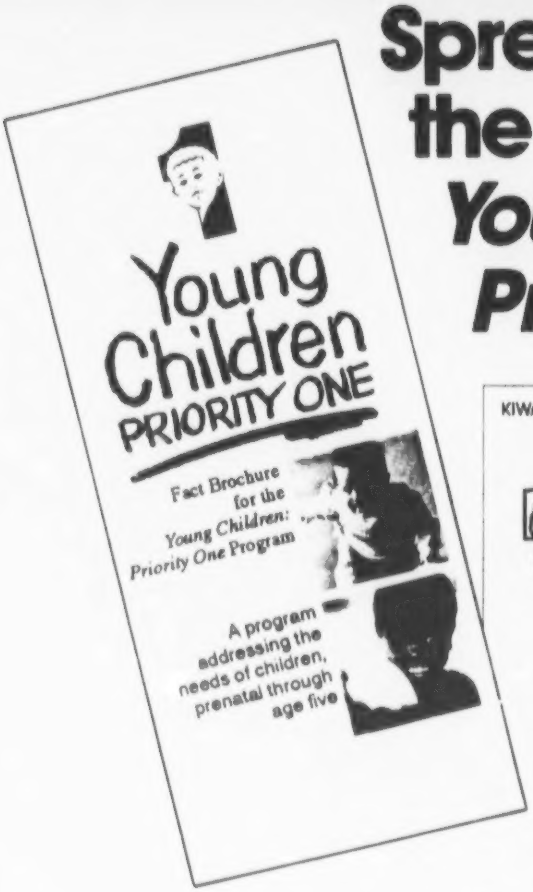
191

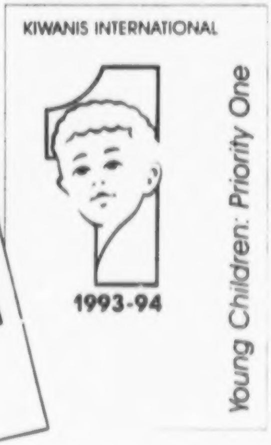
Please make a copy of this report and give it to your club secretary for use in the annual club report.

Mail this form to:

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, Indiana 46268-3196
USA

Spread the word... *Young Children: Priority One*


Young Children
PRIORITY ONE
Fact Brochure for the *Young Children: Priority One* Program
A program addressing the needs of children, prenatal through age five



You and other members of your club can tell the community about the 1993-94 Goals and *Young Children: Priority One* program with these items.

Pocket Calendar - This durable folder will fit in a wallet, but it contains all these essentials:

- Calendar
- List of Kiwanis dates
- Objects of Kiwanis International
- 1993-94 Goals
- Description of *Young Children: Priority One*

Every club member should carry one pocket calendar for reference and two for potential members. Sold in lots of 50 for $ 1.85.

***Young Children: Priority One* Lapel Pin and Charm** - The eye-catching *Young Children: Priority One* logo in genuine cloisonné enamel. Wearing this pin or charm will lead to dozens of converstations about Kiwanis. Each only $2.50.

***Young Children: Priority One* Fact Brochure** - Perfect for explaining the service concerns of the *Young Children: Priority One* program. Give it to community leaders and include it with community analysis survey forms you mail. Available in sets of 50. Limit of 100 per club. **Free While Supplies Last.**

Send a check with the order for the full amount due, or, for a credit card order, furnish the information requested below U.S. funds or current equivalent, please.

American Express ☐ VISA ☐ MasterCard ☐

Credit Card Number ____________________

Interbank Number ____________ (Located above your name) Expiration Date ________ Month Year

Signature ____________________

Name ____________________

Title ____________________

Kiwanis Club of ______________ Key No ________

Address ____________________

____

Daytime Phone ____________________

Mail to Supplies Department
Kiwanis International Office
3636 Woodview Trace
Indianapolis, IN 46268 USA

	Number of Units Ordered	Total Price
#13420 Pocket Calendars $1.85 per 50		
#16016 *Priority One* Lapel Pin $2.50		
#16018 *Priority One* Charm $2.50		
Priority One Fact Brochures (set of 50)		FREE
Subtotal		
Shipping & Handling		
(Ind. Residents Add 5% Tax)		
Total Remitted		

Please add for shipping, handling and insurance.

If order subtotal is:	Add:
Under $25.00	$ 3.00
$ 25.01 to 50.00	$ 4.00
$ 50.01 to 75.00	$ 4.50
$ 75.01 to 100.00	$ 5.00
$100.01 to 200.00	$ 7.00
$200.01 and up	$10.00

Shipping outside U.S.A. & Canada: Please furnish American Express, VISA, or MasterCard information. The actual additional cost of air shipping and insurance will be billed to your charge card.

The Problems

Our children are in serious trouble.

FACT: Each year thousands of babies are born so small that they have a very poor chance for survival, and those that survive often have a mental or physical handicap.

FACT: As many as one-third of the children eligible to enter kindergarten are not ready to do so.

FACT: If we do not change present trends, more than 100 million children will die during the 1990s.

Every day the tragedy of our children gets worse. Kiwanis must do something!

The Solutions

We know ways to help these children.

We know that the best way to prevent infant mortality is to ensure adequate prenatal care for pregnant women.

We know that an early childhood program stressing developmental learning and social growth will help a disadvantaged child succeed in school.

We know that parent education and assistance programs lead to greater academic success for the children, more cohesive families, and fewer accidental injuries.

The Kiwanis Response

Kiwanis International has developed a continuing program titled *Young Children: Priority One*. Every club is asked to participate in this program by developing a project addressing a need of children, prenatal through age five. Clubs are receiving a *Project Idea List* that suggests possible projects in four areas of need:

Maternal and Infant Health—A child does more growing and more learning between conception and age five than at any other period of life. The health care and nutrition of the mother-to-be and the young child can directly affect the child's entire future—from survival in the first year to learning abilities throughout life.

Possible projects include public education, development of health care services for a community, home visitation to pregnant women, and adolescent pregnancy prevention.

Child Care and Development—From language development to establishing their autonomy, young children continually blossom with new abilities—*if* they are in a stimulating, nurturing environment. This is why children need early experiences that foster development of their abilities. Unfortunately, there are many areas where adequate child care facilities and trained personnel are in very short supply.

Possible projects include establishing a resource and referral agency, support for an early childhood development program (from a Head Start program to a family child care provider), family literacy, and public awareness.

Parent Education and Support—Every parent needs help to face the tremendous challenge of raising a child. Combined with other stresses, it may even overwhelm a person. That is why parents need education, personal support, and sometimes an escape valve.

Possible projects include support of parenting classes, a helpline, child abuse prevention classes, family resource library or center, home visitation program, or respite care.

Safety and Pediatric Trauma—In many developed nations, accidents are the number one killer of children, and many of these accidents could be prevented. When a serious injury does occur, a child deserves the very best care possible. That requires special equipment and training in what doctors call pediatric trauma, for children respond differently to severe injuries than adults do.

Possible projects include a safety seat loan program, smoke alarm battery checks, distribution of choke-test tubes, drown-proofing, and education on poisons.

Collaboration

Many of the needs Kiwanis clubs will discover in their communities may prove too large for a single club to address effectively. That is why clubs are urged to work with nearby Kiwanis clubs and other organizations that help young children.

District chairmen for *Young Children: Priority One* are creating lists of local contacts for clubs and divisions. Clubs should communicate with the suggested experts and organizations to develop the best project possible.

A new approach to service projects is also being recommended. All the clubs in a division, under the leadership of the lieutenant governor, are asked to work together to develop a division-wide project for *Young Children: Priority One*. This project should be more ambitious and help children throughout the division. This collaborative project will likely involve support from other organizations, too.

Kiwanis International has established an advisory council of organizations and individual experts to help guide *Young Children: Priority One*. Many of these organizations have members or chapters eager to work with Kiwanis clubs to help young children.

A complete list of the Priority One Advisory Council is in the project kit sent to all clubs. Among the organizations on the Council are the American Academy of Pediatrics, American College of Obstetricians and Gynecologists, Child Welfare League, Cooperative Extension Service, March of Dimes, National Association for the Education of Young Children, Reading Is Fundamental, Safe Kids Campaign, and YMCA.

BEST COPY AVAILABLE

Service Bulletins—Detailed sets of instructions called service bulletins are available on these topics:

- PO #1 Reading Is Fundamental
- PO #2 Head Start
- PO #3 Scald Burns
- PO #4 Smoking Awareness
- PO #5 Parenting Fair
- PO #6 Children's Miracle Network Telethon
- PO #7 Smoke Detector Safety
- PO #8 Pediatric Trauma
- PO #9 Home Safety Checklist
- PO #10 Awareness of Child Abuse
- PO #11 Shaken Baby Syndrome
- PO #12 Parents Anonymous
- PO #13 Parenting Education
- PO #14 Immunizations
- PO #15 Alcohol Awareness
- PO #16 Lead Poisoning
- PO #17 Home Visitation Programs

Program History

Young Children: Priority One was launched in October of 1990. Since that time, more than 5,000 Kiwanis clubs around the world have developed projects to help young children, investing an estimated $46 million and 4.4 million hours.

The Kiwanis International Board has made an ongoing commitment to *Young Children: Priority One*, and it urges all clubs to support this program. By working together on the needs of young children, Kiwanis clubs can have a powerful effect.

This does not mean that clubs are asked to implement the same project. Rather, each club is urged to identify the greatest needs of young children in its community and develop projects that meet those needs.

Young Children projects have ranged from building a playground for a child care center to distribution of a safety brochure in 10 languages throughout Europe.

Popular projects at the club level have included reading and distribution of books to preschoolers, smoke detector battery checks, and community education about Shaken Baby Syndrome. Divisions and districts have launched larger projects, including immunization efforts and establishment of pediatric trauma centers.

Several clubs have developed videotapes, printed materials, or project ideas that they will share with other Kiwanis clubs. For information on these materials or clubs that will give advice on their projects, contact the Program Development Department at the Kiwanis International Office.

Kiwanis International Office
3636 Woodview Trace
Indianapolis, IN 46268-3196
U.S.A.

(317) 875-8755
(800) 879-4769

Young Children PRIORITY ONE

Fact Brochure

A program addressing the needs of children, prenatal through age five

Program Development Department
Kiwanis International
3636 Woodview Trace
Indianapolis, IN 46268-3196
U.S.A.

(317) 875-8755
(800) 879-4769